FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response	: 0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Detheux Michel					2. Issuer Name and Ticker or Trading Symbol iTeos Therapeutics, Inc. [ITOS]										all app Direc	licable) tor	ng Person(s) to Issu 10% Own Other (spe		wner
(Last) 139 MAI	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/23/2022												below)	specify
(Street)			2142		4. If A	If Amendment, Date of Original Filed (Month/Day/Year)							. Indivine)	Form	or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting				
(City)	(St		Zip)	Davis	4:		.:4:	Λ		L Die				: - 11.	0				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		red (A) or		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) oi (D)	Price		Transa	action(s) . 3 and 4)					
Common Stock			02/23/2	022				S ⁽¹⁾		13,956	D	\$34.	4.3 ⁽²⁾		35,244		D		
Common Stock			02/23/2	2022				S ⁽¹⁾		544	D	\$35.3	\$35.32 ⁽³⁾		34,700		D		
		Tal	ole II								osed of, convertib				Owne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed Ition Date, h/Day/Year)	4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative rities iired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 18, 2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.82 to \$34.79, inclusive. The reporting person undertakes to provide to iTeos Therapeutics, Inc., any security holder of iTeos Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.89 to \$35.51, inclusive. The reporting person undertakes to provide to iTeos Therapeutics, Inc., any security holder of iTeos Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Remarks:

/s/ Adi Osovsky, as Attorneyin-Fact

02/23/2022

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.