Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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]									Check	all app	licable)	ng Person(s) to Issu 10% Own Other (spe		wner
(Last) 139 MAI	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/25/2022									X	below)		below) utive Officer		Specify
(Street) CAMBR (City)	CAMBRIDGE MA 02142						4. If Amendment, Date of Original Filed (Month/Day/Year)							. Indivine)	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	sposed of	, or B	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		red (A) or str. 3, 4 ar	4 and 5) Se Be Ov		. Amount of Securities Beneficially Dwned Following Reported		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price		Transa	ransaction(s) nstr. 3 and 4)				
Common Stock 01/25/2					022)22			S ⁽¹⁾		10,088	D	\$35.4	45 ⁽²⁾		53,612		D	
Common Stock 01/25/2)22			S ⁽¹⁾		4,412	D	\$36.2	5.21 ⁽³⁾		49,200		D			
		Tal	ole II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ition Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispe	r osed) r. 3, 4	Expira	tion D	Exercisable and on Date Day/Year)		e and int of ities rlying ative ity (Instr. 4)	Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	isable	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 \$34.96 to \$35.91, 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 \$35.99 to \$36.75, 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

01/26/2022

** 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.