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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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				or S	ection :	30(h) of the	Ínvestme	nt Co	mpany Act	of 1940						
1. Name and Address of Reporting Person* CATLIN AVERY W				2. Issuer Name and Ticker or Trading Symbol AVANT IMMUNOTHERAPEUTICS INC [AVAN]								(Check all applicable) Director			Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 241 CENTRAL STREET				3. Date of Earliest Transaction (Month/Day/Year) 07/02/2007								Sr. VP & CFO				
(Street) HINGHAM MA 02043 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Tabl	e I - Noi	n-Deriv	ative	Secu	rities Ac	quired	, Dis	posed o	f, or E	Benefic	ially C	wne	d		
Date			th/Day/Year) if		cution Date,							Securit Benefic Owned	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) (D)	or Pric	<u>,</u> [1	Fransa	ction(s)		(
Common Stock 07/02/2				2007			L		500	A \$0		7055	21,500		D	
	Та												ned			
2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		Transac Code (Ir	ansaction of ode (Instr. Derivative		Expiration	Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ative ity 5)	derivative Securities Beneficially Owned Following Reported Transaction(Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
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Issuer Name and Ticker or Trading Symbol AVANT IMMUNOTHERAPEUTICS INC [AVAN]	AM MA 02043 (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (E.g., puts, calls, warrants, options, convertible securities (A) or Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities price of Derivative Security (Month/Day/Year) (Month/Day	Address of Reporting Person* AVANT IMMUNOTHERAPEUTICS INC AVAN	AM MA 02043 (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Security (Instr. 3) 2. Issuer Name and Ticker or Trading Symbol AVANT IMMUNOTHERAPEUTICS INC [AVAN] 3. Date of Earliest Transaction (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Issuer Name and Ticker or Trading Symbol AVANT IMMUNOTHERAPEUTICS INC [AVAN] 3. Date of Earliest Transaction (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Stock 07/02/2007 4. If Amendment, Date of Original Filed (Month/Day/Year) Execution Date, (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction (Month/Day/Year) Stock 07/02/2007 4. 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Date Exercisable

Expiration

Explanation of Responses:

Avery W. Catlin

Title

07/02/2007

** Signature of Reporting Person

Number

of Shares

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.

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