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

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Cano Francis R | | | | | A | 2. Issuer Name and Ticker or Trading Symbol AVANT IMMUNOTHERAPEUTICS INC | | | | | | | | | elationship of the control of the co | cable) | g Pers | son(s) to Iss 10% Ov | |
|--|---|--|--|-------------------------------|---|---|---|------|--|------|---------------------|--|------------------------|---|--|--|----------------|--|---|
| (Last) (First) (Middle) 11 ACORN LANE | | | | | AVAN] 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2005 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| | LOS ALTOS CA 94022 | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | | (Zip) ole I - Non | -Deriva | ative | e Se | curities | s Ac | quired, | Dis | posed c | of, or B | ene | ficiall | v Owned | | | | |
| Date | | | | 2. Transa Date (Month/D | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| | Disposed | ties Acquired (A) d Of (D) (Instr. 3, 4 (A) or (D) | | | 5. Amou Securitie Beneficia Owned F Reportec Transact (Instr. 3 a | es Forn ally (D) c Following d tion(s) | | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | - | Table II - I) | | | | | | | | osed of, onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, T | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Securiti | | rities ing ve Se | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | umber | | | | | |
| Non- Qualified Stock | \$1.765 | 11/17/2005 | | | A | | 20,000 | | 11/17/200 | 06 1 | 11/17/2015 | Common Stock | 1 20 | 0,000 | \$1.765 | 20,000 | 0 | D | |

Explanation of Responses:

Francis R. Cano

11/21/2005

** 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.