FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$\Gamma$	20E40	
vasiliigion,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours nor response	. 0.5							

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

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*     GILL DAVID N					2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [ YMAB ]									ck all appli	cable)	g Per	son(s) to Iss		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023									Officer below)	(give title		Other (s below)	pecify
C/O Y-MABS THERAPEUTICS, INC. 230 PARK AVENUE SUITE 3350				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) NEW Y	ORK N	Y	10169			D 1 4015 4(1) T									Form for Persor		e thar	n One Repo	rting
(City)	(S	tate)	(Zip)		1,	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. 4. Securitie Transaction Code (Instr. 5) 8)						es Fo ally (D) Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	or Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 06/08/				3/2023	/2023		A		2,330	80 <sup>(1)</sup> A		\$ <mark>0</mark>	2,330			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		ive ies ed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	oer					
Employee Stock Option (right to buy) <sup>(2)</sup>	\$8.13	06/08/2023			A		13,950		(3)	06	6/08/2033	Common stock	13,9	50	\$0	13,950	)	D	

## **Explanation of Responses:**

- 1. Represents restricted stock units ("RSUs") granted to the Reporting Person as a non-employee director pursuant to the 2018 Equity Incentive Plan of Y-mAbs Therapeutics, Inc. Each RSU represents a contingent right to receive one share of the Issuer's common stock on the vesting date of the RSUs. The RSUs vest in full on the earlier of the first anniversary of the date of grant or the date immediately preceding the date of the Issuer's annual meeting of stockholders held in 2024, subject to the Reporting Person's continued service to Y-mAbs Therapeutics, Inc. on the vesting date.
- 2. Stock options granted to the Reporting Person as a non-employee director pursuant to the 2018 Equity Incentive Plan of Y-mAbs Therapeutics, Inc.
- 3. The stock options vest in equal monthly installments during the first year following the date of grant, subject to the Reporting Person's continued service to Y-mAbs Therapeutics, Inc. on each vesting date and are exercisable immediately upon vesting.

/s/ Sune Reinholth Nyland, Attorney-in-Fact for David Gill 06/09/2023

\*\* Signature of Reporting Person

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.