SEC For	m 4 FORM	4	UNITE) STA	TE	s si			ES AND		NGE C	OMMI	SSION				
					Washington, D.C. 20549									OMB APPROVAL			
Section 16. Form 4 or Form 5 obligations may continue. See				ed pur	NT OF CHANGES IN BENEFICIAL OWNER										erage burden	235-0287 0.5	
1. Name and Address of Reporting Person [*] Ber Gerard								ker or Trading eutics, Ind		(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/10/2021								Officer (give title Other (specify below) below)				
230 PARK AVENUE SUITE 3350				4.1	If Ame	ndment,	Date	of Original File	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10169												ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)														
		Tal	ole I - Noi	n-Deriv	ativ	e Se	curitie	s Ac	quired, Di	sposed c	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,			r) Code (Instr. 5)			Instr. 3, 4 and Securit Benefic Owned Report		es Form ally (D) o Following (I) (Ir d		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amount	(A) or (D)	Price	Price Transactio (Instr. 3 ar					
									uired, Dis s, options,				Owned				
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date (Month/Day/Yea Derivative Security					4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	ive ties cially ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Non- Employee Stock Option (right to buy) ⁽¹⁾	\$37.53	06/10/2021			A		16,000		07/10/2021 ⁽²⁾	06/10/2031	Common stock	16,000	\$0	16,00	00	D	

Explanation of Responses:

1. Stock options granted to the Reporting Person as a non-employee director pursuant to the 2018 Equity Incentive Plan of Y-mAbs Therapeutics, Inc.

2. 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 on the board of directors of Y-mAbs Therapeutics, Inc., and are exercisable immediately upon vesting.

<u>/s/ Gerard Ber</u>
** Signature of Reporting Person

<u>06/11/2021</u> 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.