## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C. 20549	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							
	0.5							

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																		
1. Name and Address of Reporting Person*  GILL DAVID N					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Y-mAbs Therapeutics, Inc. [ YMAB ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
<u>GILL DIWID IV</u>				.									✓ Director				·		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2025							7	Officer below)	(give title		Other (s below)	specify		
C/O Y-MABS THERAPEUTICS, INC.					100	13012	2023												
230 PARK AVENUE, SUITE 3350				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10169													Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(S	itate)	(Zip)																
		Tab	le I - Non	-Deriv	ativ	e Se	curities	s Acc	quired,	Dis	posed c	f, or B	ene	ficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 9) 8)  4. Securities Acquired (Disposed Of (D) (Instr. 5)			5. Amou Securitie Benefici Owned F Reporte	es Form ially (D) c Following (I) (Ir		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) or (D)		Price	Transaci (Instr. 3	tion(s)			(instr. 4)
Common Stock 06/30/				0/202	25			A		25,080	25,080 <sup>(1)</sup> A		\$0	30	30,905		D		
			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	Date,	4. Transa Code ( 8)		of		6. Date Exercisable Expiration Date Month/Day/Year)		)	nd 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	O N O	lumber					
Employee Stock Option (right to buy) <sup>(2)</sup>	\$4.51	06/30/2025			A		33,450		(3)	(	06/30/2035	Commo Stock		3,450	\$0	33,450	0	D	

## Explanation of Responses:

- 1. Represents restricted stock units ("RSUs") granted to the Reporting Person pursuant to the Issuer's 2018 Equity Incentive Plan. 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 2026, subject to the Reporting Person's continued service to the Issuer on the vesting date.
- 2. Stock options granted to the Reporting Person pursuant to the Issuer's 2018 Equity Incentive Plan
- 3. The stock options vest in equal monthly installments until the first anniversary of the date of grant, subject to the Reporting Person's continued service to the Issuer on each vesting date, and are exercisable immediately upon vesting.

/s/ John LaRocca, Attorney-in-

07/02/2025

Fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.