FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| | OMB APPI | ROVAL |
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| | OMB Number: | 3235-0287 |
| | Estimated average b | urden |
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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

| 1. Name and Address of Reporting Person* Rajah Vignesh | | | | 2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [YMAB] | | | | | | | | ck all applic Directo Officer | able) | g Pers | Other (s | % Owner er (specify | | | |
|---|--|------------|--------------------------------------|---|---|--|--------|--|--|------------------------|--------------------|---|--|-----------------------------------|--|---------------------------------------|---|---|--|
| (Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2020 | | | | | | | below) SVP & | | | | below) | | | |
| 230 PARK AVENUE SUITE 3350 | | | | | A If Amendment Date of Original Filed (Manth/Date) | | | | | | | | C. Individual or Jaint/Cooks Filian (Charles Are Fresh) | | | | | | |
| (Street) NEW YO | ORK N | Y | 10169 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | Felson | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | Execution Date, | | Transaction Disposed Of Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | 4 and Securi Benefi | | ies For ially (D) Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) Prid | | ice | Transact (Instr. 3 a | action(s) | | | | | |
| | 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) | Derivative Conversion Date Execution Date, To Courity or Exercise (Month/Day/Year) if any | | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (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) | | | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Employee Stock Option (right to buy) ⁽¹⁾ | \$53.88 | 12/15/2020 | | | A | | 20,000 | | (2) | 1 | 2/15/2030 | Common stock | 20,0 | 000 | \$0 | 20,000 |) | D | |

Explanation of Responses:

- 1. Stock options granted to the Reporting Person pursuant to the 2018 Equity Incentive Plan of Y-mAbs Therapeutics, Inc.
- 2. The stock option shall vest and become exercisable as to 25% of the shares subject to the option on December 15, 2021, and thereafter vests and become exercisable as to 1/48th of the shares in equal monthly installments, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.

/s/ Vignesh Rajah

12/16/2020

** 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.