SEC For				• • т /					-0 4 14									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL				
				ed pur	AT OF CHANGES IN BENEFICIAL OWNERSHIP d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
		of Reporting Person [*]			2.	Issuer	Name an	nd Tic	ker or Trac	ling S	. ,			Relationship neck all applic	cable)	ig Perso	on(s) to Issu 10% Ow	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s below)	pecify	
C/O Y-MABS THERAPEUTICS, INC. 230 PARK AVENUE, SUITE 3350					Line)							Joint/Group Filing (Check Applicable iled by One Reporting Person						
(Street) NEW Y	Street) NEW YORK NY 10169												led by More than One Reporting					
(City)	(1	State)	(Zip)		- R	Rule 10b5-1(c) Transaction Indication												
						satis	fy the affirr	native	defense co	nditio	ns of Rule 1	0b5-1(c). S	ee Instructi	on 10.				
Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transa Date (Month/E)				sactior	n 2 l ear) i	2A. Deem Execution	A. Deemed xecution Date,		3. Transaction Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amou Securitie Beneficia Owned F	nt of s ally following	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) c (D)			ed ction(s) 8 and 4)		(Instr. 4)	
				1/202	/2024		Α		3,495	3,495 ⁽¹⁾ A					D			
			Table II -								osed of, convertil			/ 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 Date, if any (Month/Day/Year	Date,	4. Transaction Code (Instr. 8)				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 derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	e s illy g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy) ⁽²⁾	\$12.01	06/11/2024			А		14,545		(3)	(06/11/2034	Common Stock	14,545	\$0	14,54	5	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 2025, 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.

<u>/s/ John L</u>	aRocc	<u>a, At</u>	torney	<u>/-in-</u>	06/13	V2024
Fact					00/12	0/2024

** 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.