FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 205 | 49 |
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| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP | 2 |
|-----------|----|----------------|----|------------|-----------|---|
| | | | | | | |

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| ı | hours per 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* Kruse Bo | | | | 2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [YMAB] | | | | | | | | (Chec | k all app Direc | licable) | ng Person(s) to 10% C Other | | | | |
|--|--|-------|-----------------|--|---|--|--------|---|---------------------------|-----------|---|--|---------------------------------|---|--|----------------------|--------|--------|-------------|
| (Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC. 230 PARK AVENUE SUITE 3350 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2022 | | | | | | | | X | belov | | cretar | below) | ` ' |
| (Street) NEW YO | | | 0169 Zip) | | 4. If A | | | | | | | | 6. Indi Line) X | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | , 4 and Sec Ben Owr | | urities I eficially (| | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ction(s) 3 and 4) | | | (111341. 4) |
| Common Stock 01/04/2 | | | | 2022 | | | | S ⁽¹⁾ | | 4,000 | D | \$ | 17.12 | 19 | 3,077 | | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and Expiration Date (Month/Day/Year) Expiration Date Expiration Date Exercisable | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbo of Title Shares | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [0 | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

 $1. \ Represents \ shares \ sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ on \ March \ 31, \ 2021.$

/s/ Bo Kruse

01/05/2022

** 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.