SEC Form 4

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

| I | - | |
|---|-----------------------|-----------|
| | OMB Number: | 3235-0287 |
| | Estimated average bur | den |
| | 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). |
|---|--|
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Addres | 1 0 | rson* | 2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [YMAB] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|---------------------------------|-------------|--|--|---|--|-----------------------|--|--|--|--|--|--|
| <u>HEALY JAM</u> | <u>E5</u> | | | X | Director | 10% Owner | | | | | | |
| (Last) C/O SOFINNOV | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2019 | | Officer (give title below) | Other (specify below) | | | | | | |
| 3000 SAND HIL | L ROAD, BLD | 0G. 4, SUITE 250 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) MENLO PARK CA 94025 | | 94025 | | Line) | Form filed by One Re Form filed by More the Person | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------------------------|---|---|---------------|-------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | n of | | 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Employee Stock Option (right to buy) ⁽¹⁾ | \$ 21.45 | 06/12/2019 | | A | | 16,000 | | 07/12/2019 ⁽²⁾ | 06/12/2029 | Common Stock | 16,000 | \$0 | 16,000 | 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



** Signature of Reporting Person

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.

06/14/2019

Date

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