SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 <sup>*</sup> Buschle Michael				Requiring Statement (Month/Day/Year) <u>Y-mAbs Therapeutics, Inc.</u> [YMAB]							
(Last) (First) (Middle) C/O HBM PARTNERS AG					4. Relationship of Reporting Person(s) to Issue (Check all applicable)   X Director   10% Own				(Month/Day/Year)		
BUNDESPLATZ 1			_			Officer (give title below)	Other (sp below)	ecify	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) ZUG	V6	6300	_								y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
			Table I - Non	-Derivati	ive Se	ecurities Beneficia	lly Owned	l			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
						urities Beneficially ptions, convertible		es)			
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration Da (Month/Day/)	ate	d 3. Title and Amount of Secur Underlying Derivative Secur			4. Conve or Exe	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	of Responses:		Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	

No securities are beneficially owned.

/s/ Michael Buschle

<u>09/20/2018</u> Date

\*\* 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 5 (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.