FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																			
1. Name and Address of Reporting Person* TYAGI ASHU							2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [YMAB]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
11/10/	TIDITO										1	✓ Director			10% Ov					
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 06/30/2025								Officer (give title Other (specify below) below)				specify	
C/O Y-MABS THERAPEUTICS, INC.							00/30/2023													
230 PARK AVENUE, SUITE 3350						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line) Form filed by One Reporting Person					
NEW YORK NY 10169															Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tab	le I - Non						quired,	Dis	posed o	f, or B	ene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						Execu ay/Year) if any		A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)					5. Amou Securitie Benefici Owned F Reported	es For ally (D) Following (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)		Price	Transact (Instr. 3	tion(s)			(111311. 4)	
Common Stock 06/30/							/2025		A		25,080	25,080 ⁽¹⁾ A		\$ <mark>0</mark>	30	30,905		D		
		•	Table II - I (,		osed of, onverti			•	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)		4. Transaction Code (Instr. 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)		curity	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)		
					Code	v	(A)		Date Exercisab		Expiration Date	Title	OI No	umber						
Employee Stock Option (right to	\$4.51	06/30/2025			Α		33,450		(3)	(06/30/2035	Common Stock	3:	3,450	\$0	33,450	0	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 2026, 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.

/s/ John LaRocca, Attorney-in-Fact

** Signature of Reporting Person

07/02/2025

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.