FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	AL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person* TYAGI ASHU				2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [YMAB]									5. Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% O					vner	
	IABS THEI	irst) RAPEUTICS, IN E SUITE 3350	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/23/2020									Officer (below)	give title		Other (s below)	specify	
(Street) NEW YO	ORK N	Y	10169		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							is. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			2A. Deemed Execution Date		e, Transaction Dispo		4. Securiti Disposed	es Acquire	ed (A) or		5. Amoun Securities Beneficia Owned Fo	lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	е	Reported Transacti (Instr. 3 a	ction(s)			(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 Dai if any (Month/Day/Y	te, Tr	ransaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercise Expiration Date (Month/Day/Yea		ble and	7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		nt	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Number of Shares	er					
Non- Employee Stock Option (right to buy) ⁽¹⁾	\$48.67	06/23/2020			A		16,000		07/23/202	o ⁽²⁾	06/23/2030	Common stock	16,00	00	\$0	16,000)	D	
Non- Employee Stock Option (right to buy) ⁽¹⁾	\$48.67	06/23/2020			A		32,000		07/23/202	0(3)	06/23/2030	Common stock	32,00	00	\$0	32,000	0	D	

- 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.
- 3. The stock options vest in equal monthly installments until the third anniversary of 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.

/s/ Ahustosh Tyagi

06/24/2020

** 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.