FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number:              | 3235-0287 |  |  |  |  |  |  |
|   | Estimated average burden |           |  |  |  |  |  |  |
| l | 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

| 1. Name and Address of Reporting Person*   |   |                       |  |          |                   | 2. Issuer Name and Ticker or Trading Symbol  Y-mAbs Therapeutics, Inc. [ YMAB ] |                 |   |                    |                 |   | 5. Relationship of Reporting Person(s) to Issuer                                    |   |  |  |   |  |
|--|---|-----------------------|--|----------|-------------------|---|-----------------|---|--------------------|-----------------|---|---|---|--|--|---|--|
| GILL DAVID N   |   |                       |  |          |                   |   |                 |   |                    |                 |   | ck all applic<br>Directo  | ,   |  | 10% Ow   | ner                                     |  |
| (Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC.  |   |                       |  |          |                   | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2019                     |                 |   |                    |                 |   | Officer<br>below)   | (give title   |  | Other (specifical of the other (specifical of the other o | pecify                                  |  |
| 230 PARK AVE, SUITE 3350   |   |                       |  |          |                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |                 |   |                    |                 |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                         |   |  |  |   |  |
| (Street) NEW YORK NY 10169   |   |                       |  |          |                   |   |                 |   |                    |                 |   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |  |  |   |  |
| (City)   | (S  | tate)                 | (Zip)  |          |                   |   |                 |   |                    |                 |   |   |   |  |  |   |  |
|  |   | Tal                   | ole I - Non-   | Derivati | ve Se             | curitie   | s Ac            | quired, Di  | sposed o           | f, or Ber       | eficially   | <b>Owned</b>  |   |  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |                       |  |          | Execution Date,   |   | Code (Instr. 5) |   |                    |                 | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported | es Formally (D) Following (I) (I  |   | : Direct   II<br>Indirect   E<br>str. 4)   C | 7. Nature of Indirect Beneficial Ownership   |   |  |
|  |   |                       |  |          |                   |   | Code V          | Amount  | (A) or<br>(D)      | Price           | Transact<br>(Instr. 3 a                                   | ion(s)  |   |  | (Instr. 4)   |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |                       |  |          |                   |   |                 |   |                    |                 |   |   |   |  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date (Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/Y | Code     | action<br>(Instr. |   |                 | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Ye |                    |                 | d Amount<br>es<br>g<br>Security<br>d 4)                   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                 | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)   | Beneficial<br>Ownership<br>t (Instr. 4) |  |
|  |   |                       |  | Code     | v                 | (A)   |                 | Date<br>Exercisable                               | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares                    |   |   |  |  |   |  |
| Non-<br>Employee<br>Stock<br>Option<br>(right to<br>buy) <sup>(1)</sup>  | \$21.45   | 06/12/2019            |  | A        |                   | 16,000  |                 | 07/12/2019 <sup>(2)</sup>                         | 06/12/2029         | Common<br>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.

/s/ David N. Gill

06/14/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.