FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: 3235-0287 | | | | | | |
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| hours per response: | 0.5 | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|--|---------|------------------|---|---|--|--|--|--|--|
| 1. Name and Address of Reporting Person [*] GILL DAVID N | | | 2. Issuer Name and Ticker or Trading Symbol <u>Y-mAbs Therapeutics, Inc.</u> [YMAB] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | [1-m/dos Therapeutics, me. [1 m/db] | X Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC. | | FICS, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2020 | Officer (give title Other (specify below) below) | | | | | |
| 230 PARK AVENUE 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 | | 10169 | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (State) | (Zip) | — | Person | | | | | |
| | | Table I - Non-De | erivative Securities Acquired. Disposed of, or Bene | eficially 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) | 3. Transaction Code (Instr.4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---------------------------------|--|---|--|---|--------|---|---|---|---|----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock ⁽¹⁾ | 11/03/2020 | | М | | 4,000 | Α | \$11.16 | 4,000 | D | |
| Common Stock ⁽¹⁾ | 11/03/2020 | | S | | 4,000 | D | \$45 | 0 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (* 5) | , | | , - | | ., | | | , | | | | | | |
|---|---|--|---|------------------------------|---|--|-------------------------|-------------------------------------|--------------------|-----------------|--|-----------------------|--------|---|--|--|--|
| 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) | | of Deri Sec Acq (A) (Disp of (I | oosed D) tr. 3, 4 | Expiration Date (Month/Day/Year) | | Expiration Date | | ration Date Amount of | | Int of Derivative rities Security rlying (Instr. 5) ative Security | | 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) ⁽²⁾ | \$11.16 | 11/03/2020 | | М | | | 4,000 | (3) | 04/24/2028 | Common stock | 4,000 | \$0 | 28,000 | D | | | |

Explanation of Responses:

1. The option exercise and sale transaction reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.

2. Stock option granted to the Reporting Person as a non-employee director pursuant to the 2015 Equity Incentive Plan of Y-mAbs Therapeutics, Inc.

3. The stock option was (a) granted on April 24, 2018 pursuant to the 2015 Equity Incentive Plan of Y-mAbs Therapeutics, Inc., and (b) represents the right to purchase a total of 32,000 shares of common stock; and (c) vests and becomes exercisable in equal monthly installments until the third anniversary of the date of grant subject to continued service through such dates and unless vesting is accelerated pursuant to the terms of the grant.

| <u>/s/ Da</u> | wid | | | |
|---------------|-----|--|-------|--|
| | | | _ | |

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 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.

11/05/2020