## SEC Form 4

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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

Form filed by One Reporting Person Form filed by More than One Reporting Person

OMB Number:	3235-0287				
Estimated average burd	en				
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).		I pursuant to Section 16(a) of the Securities Exchange Act of 1934	Estimated	Estimated average burden hours per response:		
		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 (Check all applic		rson(s) to Issuer	
Ber Gerard			X Directo	r	10% Owner	
C/O Y-MABS THERAPEUTICS, IN	Middle) C.	3. Date of Earliest Transaction (Month/Day/Year) 06/12/2019			Other (specify below)	
230 PARK AVE, SUITE 3350		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			

NEW YORK	NY	10169
(City)	(State)	(Zip)

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

145101-1401	Table 1- Non-Derivative Securities Acquired, Disposed 61, 61 Derieneitally Owned									
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	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)

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 Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	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) <sup>(1)</sup>	<b>\$</b> 21.45	06/12/2019		A		16,000		07/12/2019 <sup>(2)</sup>	06/12/2029	Common 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



\*\* Signature of Reporting Person

x

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.

s) to Issuer

06/14/2019

Date