FORM 4

U

Washington, D.C. 20549

| JNITED STATES SECURITIES AND EXCHANGE COMMISSION |
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| OMB APF | PROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 | uon ro. | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|------------------|---------------------|-------------------------------------|--|---------------------------------|--|-------------|--|---------|-------------|--|----------------|--|--|------------------------------|-----------|-----------------------|-------------------------|-----|--|
| Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol Y-mAbs Therapeutics, Inc. [YMAB] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Gad Thomas | | | | 1- | Tim too Thorupouttos, file. [TWAD] | | | | | | | | | ☑ Director 10% Own | | | | Owner | - | | |
| | | | | | | | | | | | /D 0/ : | | | | Officer (| give title | 9 | Other below | (specify | | |
| (Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC. | | | | | | | | liest Trans | saction (N | vionth | /Day/Year) | | | | Delow) | F BUS | INESS | | , | | |
| | | , | | | " | 06/03/2025 | | | | | | | | | CHIEF BUSINESS OFFICER | | | | | | |
| 202 CAF | RNEGIE CI | ENTER, SUITE | 301 | | <u> </u> | | | | | | | | | | | | | | | | |
| (Ctroot) | | | | | — 4. | If Am | endme | ent, Date o | of Origina | al File | d (Month/Da | 6. Inc | dividual or Jo | oint/Grou | up Filing | (Check A | pplicable | | | | |
| (Street) PRINCE | TON N | T | 08540 | | | | | | | | | | | | Form fil | ed by O | ne Repo | rting Pers | on | | |
| | | | | | _ | | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | Person | | | | | | |
| | | Та | ble I - No | on-Der | ivativ | ve S | ecur | ities Ac | quirec | l, Di | sposed o | f, or B | enefi | cially | Owned | | | | | | |
| 1. Title of | Security (Ins | tr. 3) | | 2. Trans Date | saction | tion 2A. Deemed Execution Date. | | | 3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4 | | | | | | | 6. Ownership Form: Direct | | 7. Nature of Indirect | | | |
| | | | | (Month/ | (Month/Day/Year) | | if any (Month/Day/Year) | | Code (Inst | | ' | - () (| | , | Beneficially Owned Foll | | (D) or li | ndirect | Beneficial Ownership | | |
| | | | | | | - [` | (| | <u> </u> | | 1 | (A) | or | | Reported Transaction | • | (,, (| | (Instr. 4) | | |
| | | | | | | | | | Code | V | Amount | (D) | Pri | ice | (Instr. 3 and | | | | | | |
| Common Stock 06/0 | | | | 06/03 | 3/202: | 2025 | | | | | 103,000 | (1) A | | \$2 | 305,721 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | | | By GAD | | | |
| | | | | | | | | | | | | | | 67,681 | | I | | Enterprise | s | | |
| | | | | | | | | | | | | | | | | | | | LLC ⁽²⁾ | ╝ | |
| Common Stools | | | | | | | | | | | 60.000 | | | | By | | | | | | |
| Common Stock | | | | | | | | | | | | 00,000 | | | 1 0 | |) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| | | | | A. Deemed 4. Execution Date, Tra | | | | | 6. Date Expirati | | isable and | | | ount 8. Price of Derivative | | 9. Number of derivative | | 10. Ownersh | 11. Natu | | |
| Security (Instr. 3) | or Exercise Price of | (Month/Day/Year) | if any (Month/Da | | Transaction Code (Instr. 8) | | r. Securities Acquired (A) or Disposed | | (Month/ | | | Underlying Derivative Securi | | rity | Security (Instr. 5) | Securities Beneficially | | Form: Direct (D | Benefic | ial | |
| (IIISII. 3) | Derivative | (MOIIII/Da | y/ leal) | 0) | | | | | | | (Instr. 3 | | iiity | (111501.5) | Owned Following Reported Transaction(s) | | or Indire | ct (Instr. 4 | | | |
| | Security | | | | | | of (D) (Instr. 3, 4 and 5) | | | | | | | | | | | (I) (Instr. | 4) | | |
| | | | | Γ | | | | | | | | | Amo | ount | | (Instr. 4 | | | | | |
| | | | | | | | | (D) | Date | | Expiration | | | umber | | | | | | | |
| n 1 | | <u> </u> | | | Code | V | (A) | (D) | Exercis | apie | Date | Title | of S | hares | | | | | _ | | |
| Employee Stock | | | | | | | | | | | | Commo | | | | | | | | | |
| Option (right to | \$2 | 06/03/2025 | | | M | | | 103,000 | (4) | | 06/10/2025 | Stock | 103 | 3,000 | \$0 | (| 0 | D | | | |
| buy) | | | | | | | | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | | | | | | | | |

Explanation of Responses:

- 1. Represents shares acquired through the exercise of Employee Stock Options.
- 2. Reporting Person is sole member of GAD Enterprises, LLC and the sole member and manager of GAD Management, LLC, the manager of GAD Enterprises, LLC, and as such Reporting Person has sole voting and dispositive power with respect to such shares.
- 3. Represents shares owned by Reporting Person's children who are deemed to share Reporting Person's household.
- 4. The stock option vested and became exercisable as to 25% of the shares subject to the option on June 10, 2016, and thereafter vested as to 1/48th of the shares in equal monthly installments, until such time as the option was 100% vested on June 10, 2019.

/s/ John LaRocca, Attorney-in-

06/05/2025

Fact

** 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.