Instruction 1(b)

1

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL

<u>-</u>							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

STATEMENT O	F 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

b								1							
1. Name and Address of Reporting Person [*] Ber <u>Gerard</u>				2. Issuer Name and Ticker or Trading Symbol <u>Y-mAbs Therapeutics, Inc.</u> [YMAB]							ationship of Reportin k all applicable) Director	ng Person(s) to 10% (
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/10/2024							Officer (give title Other below) below		(specify /)		
C/O Y-MABS THERAPEUTICS, INC. 230 PARK AVENUE, SUITE 3350				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)					
(Street) NEW YORK	,										Form filed by Mo Person	re than One Re	porting		
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to							act instruction or writ	ten nlan that is int	ended to		
				sa sa	atisfy the affirmative d	efense c	conditic	ons of Rule 10b	5-1(c). Se	e Instruction	n 10.				
	lä	able I - No	n-Derivat	live 5	ecurities Acqu	iirea,	Dis	bosed of, (or Ber	ieficially	Owned				
Date			2. Transact Date (Month/Day		3. Transa Code (8)		4. Securities Disposed Of 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)			
			1			Code	l v	Amount	(A) or	Price	Transaction(s)				

Common	Stock		06/10/	/2024		S		722 ⁽¹⁾	D	\$12 ⁽²⁾	1	,608	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative	2.	3. Transaction	3A. Deemed	4. Transaction	5. Number	6. Date			7. Title an			9. Number of		wnorshin	11. Natu

Code

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)					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)	t
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Nondiscretionary sale to cover tax liability associated with the vesting and settlement of restricted stock units.

2. This transaction was executed in multiple trades at prices ranging from \$12.00 to \$12.015, inclusive. The price reported reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transaction was effected.

> /s/ John LaRocca, Attorney-in-06/11/2024 Fact

** Signature of Reporting Person Date

(A) or (D)

Amount

Price

(Instr. 3 and 4)

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.