SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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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 <sup>*</sup> Smith Susan Laura	2. Date of E Requiring S (Month/Day 12/14/202	Statement //Year)		uer Name <b>and</b> Ticker Abs Therapeut			в]	
(Last) (First) (Middle) C/O Y-MABS THERAPEUTICS, INC. 230 PARK AVENUE, SUITE 3350			Issuer	lationship of Reporting r :k all applicable) Director Officer (give title below)	10% C	wner .	Filed (Month/Da	Joint/Group Filing
(Street) NEW YORK NY 10169 (City) (State) (Zip)	-			Senior Vice Presi	dent, CC	0	A Person	d by One Reporting d by More than One g Person
	ble I - Non	-Derivati	ve Se	ecurities Benefic	cially O	wned		
1. Title of Security (Instr. 4)		i		ount of Securities cially Owned (Instr.	3. Own Form: I (D) or II (I) (Inst	Direct C ndirect	I. Nature of Indi Dwnership (Inst	
(e.g				urities Beneficia ptions, convert				
1. Title of Derivative Security (Instr. 4)	2. Date Exerce Expiration Day/ (Month/Day/)	ate		tle and Amount of S erlying Derivative Se tr. 4)		4. Conversi or Exerci Price of	ise Form:	Ownership (Instr.
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivativ Security	Direct (D) or Indirect (I) (Instr. 5	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Susan Laura Smith
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\*\* Signature of Reporting Person

12/23/2021

Date

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

 $\ast$  If the form is filed by more than one reporting person, see Instruction 5 (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.