|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SEC Form 3 |  |  |  |  |  |  |
| **FORM 3** | **UNITED STATES SECURITIES AND EXCHANGE** |  |  |  |  |  |
|  | **COMMISSION** |  |  | |  |  |
|  |  |  | |  |  |
|  |  | OMB APPROVAL | | |  |
|  | Washington, D.C. 20549 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | OMB Number: | 3235- |  |  |
|  |  |  |  |  |
|  | **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** |  | 0104 |  |  |
|  |  |  |  |  |
|  |  | Estimated average burden | | |  |
|  | **SECURITIES** |  |  | 0.5 |  |  |

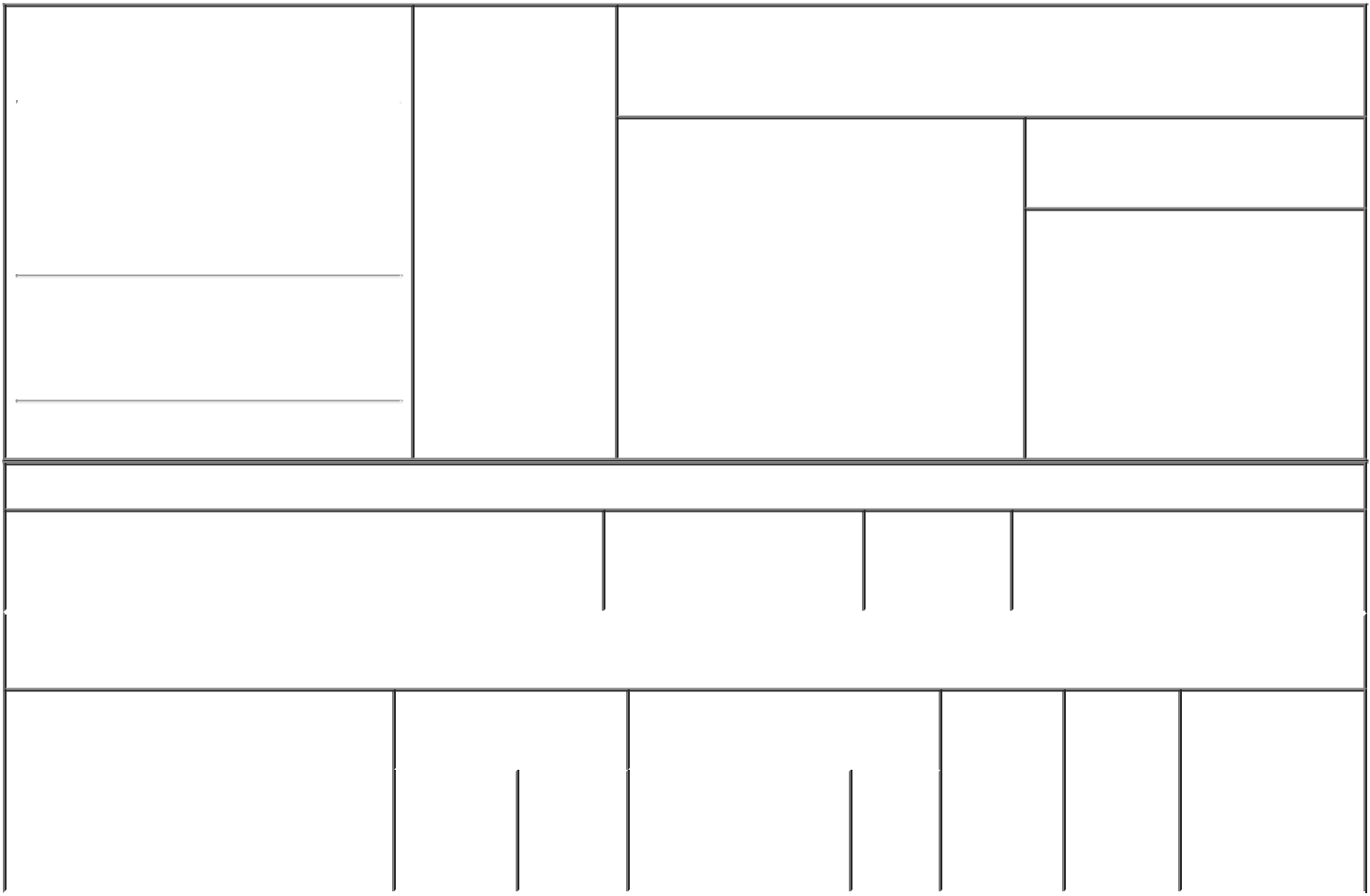


hours per

response:

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 | | | \* | 2. Date of Event |  |
|  | Requiring Statement |  |
|  | [Smith Susan Laura](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001901039) | |  |  |
|  |  | (Month/Day/Year) |  |
|  |  |  |  | 12/14/2021 |  |

3. Issuer Name **and** Ticker or Trading Symbol

[Y-mAbs Therapeutics, Inc.](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001722964) [ YMAB ]

(Last) (First) (Middle)

C/O Y-MABS THERAPEUTICS, INC.

230 PARK AVENUE, SUITE 3350

(Street)

NEW NY 10169 YORK

1. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Director | 10% Owner |  |
| X | Officer (give | Other (specify |  |
| title below) | below) |  |
|  |  |

Senior Vice President, CCO

1. If Amendment, Date of Original Filed (Month/Day/Year)
2. Individual or Joint/Group Filing (Check Applicable Line)

* Form filed by One Reporting Person

Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Beneficially Owned**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1. Title of Security (Instr. 4)** | **2. Amount of Securities** | **3. Ownership** | **4. Nature of Indirect Beneficial** | |
|  |  | **Beneficially Owned (Instr.** | **Form: Direct** | **Ownership (Instr. 5)** | |
|  |  | **4)** | **(D) or Indirect** |  |  |
|  |  |  | **(I) (Instr. 5)** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Table II - Derivative Securities Beneficially Owned**

**(e.g., puts, calls, warrants, options, convertible securities)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Title of Derivative Security (Instr. 4)** | **2. Date Exercisable and** | | **3. Title and Amount of Securities** | | **4.** |  | **5.** |  | **6. Nature of** | |  |
|  | **Expiration Date** | | **Underlying Derivative Security** | | **Conversion** | | **Ownership** | | **Indirect Beneficial** | |  |
|  | **(Month/Day/Year)** | | **(Instr. 4)** |  | **or Exercise** | | **Form:** | | **Ownership (Instr.** | |  |
|  |  |  |  |  | **Price of** | | **Direct (D)** | | **5)** |  |  |
|  |  |  |  | **Amount** |  |
|  |  |  |  | **Derivative** | | **or Indirect** | |  |  |  |
|  |  |  |  | **or** | **Security** | | **(I) (Instr. 5)** | |  |  |  |
|  |  |  |  | **Number** |  |  |  |  |  |  |  |
|  | **Date** | **Expiration** |  | **of** |  |  |  |  |  |  |  |
|  | **Exercisable** | **Date** | **Title** | **Shares** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Explanation of Responses:** |  |  |  |  |  |  |  |  |  |  |  |
| **No securities are beneficially owned.** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | /s/ Susan Laura Smith | |  |  | 12/23/2021 | |  |  |

|  |  |  |
| --- | --- | --- |
| \*\* Signature of Reporting | Date |  |
| 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 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.**