FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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Check this box if no longer subject	tc
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CytomX Therapeutics, Inc. [ CTMX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HUMPHREY RACHEL					رحا	Cytomix Therapeutics, Inc. [ CTWA ]									Directo	r		10% Ow	
			AC.111.		·									X	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle) 151 OYSTER POINT BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019								Chief Medical Officer					
SUITE 4		VI DLVD.																	
3011E 4	100				_														
(Street)					4.1	f Ame	ndment, I	Date o	of Original F	iled (	(Month/Da	ay/Year)		6. Inc Line)	lividual or J	loint/Group	Filing	(Check App	licable
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FRANC	isco C	A	34000														e than	One Repor	ting
					-										Persor				
(City)	(S	state)	(Zip)																
		Tab	le I - Nor	า-Deriv	ativ	e Se	curities	s Ac	quired, C	Disp	osed o	f, or Be	nefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Transac					action							4. Securities Acquired (A)			5. Amou				. Nature
,				Date (Month/I	Day/Ye	ear)   i	Execution Date if any (Month/Day/Yea		Code (In				Of (D) (Instr. 3, 4 and			ally (D) ollowing (I) (	(D) or	or Indirect Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) o (D)	r Pr	ice	Reported Transact (Instr. 3 a	ion(s)				
		-	Table II -	Deriva	tive	Seci	urities <i>i</i>	Acq	uired, Di	spo	sed of,	or Ben	eficia	ally (	Owned				
			(	(e.g., p	outs,	call	s, warra	ants	, options	, c	onvertiĺ	ble secu	ıritie	s) ์					
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. Transaction Code (Instr. 8)				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		xpiration ate	Title	Amo or Num of Shar	ber					
Stock Option (right to buy)	\$16.85	01/25/2019			A		90,000		(1)	0:	1/24/2029	Common Stock	90,0	000	\$0.00	90,000	)	D	

## **Explanation of Responses:**

1. 1/48th of the shares subject to the option vest on each monthly anniversary measured from January 1, 2019 (the "Vesting Commencement Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the fourth anniversary of the Vesting Commencement Date, subject to the Reporting Person's continued service to the Issuer through each such date.

/s/ Debanjan Ray, as Attorneyin-Fact for Rachel Humphrey 01/29/2019

\*\* 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.