FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject	STA
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*  McCarthy Sean A.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CytomX Therapeutics, Inc.</u> [ CTMX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
1viccur	tily beati	<u> </u>												X Direc	ctor		10% (	Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								X Office below	er (give title v)	е	Other below	(specify		
C/O CYTOMX THERAPEUTICS, INC.					03/13/2024								CEO						
151 OYSTER POINT BLVD., STE. 400					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(011)				-										,	filed by O	ne Re	porting Per	son	
(Street) SOUTH FRANCI	( )	Λ 9	94080											Form Pers		lore tha	an One Re	porting	
					Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)		'														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intende satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ended to									
		Table	I - N	on-Deriva	tive	Secu	rities	Acc	quire	d, Dis	sposed of	, or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N					Execution Date,			·	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
				Ī				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/19/202					)24				S <sup>(1)</sup>		20,223	D	\$2.085	55 524	524,481(2)		D		
Common Stock												93	93,158			See footnote <sup>(3)</sup>			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3 Transaction	3A D		_				_	-				8. Price of	9. Numbe	or of	10.	11. Nature	
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The shares were sold solely to satisfy tax or other government withholding obligations in connection with the vesting of restricted stock units.
- 2. Includes 197,500 restricted stock units.
- 3. Shares held by Sean A. McCarthy 2018 Trust, of which Reporting Person is trustee.

/s/ Lloyd Rowland, as Attorney-in-Fact for Sean A. 03/21/2024

**McCarthy** 

\*\* 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.