FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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<i>N</i> ashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* Ashworth Alan					3. Da	2. Issuer Name and Ticker or Trading Symbol CytomX Therapeutics, Inc. [CTMX] 3. Date of Earliest Transaction (Month/Day/Year)							(Ch	5. Relationship of Reporting F (Check all applicable) X Director Officer (give title			10% Ow Other (s	ner
(Last)	,	,	(Middle)		06/1	06/14/2023								below)			below)	
C/O CYTOMX THERAPEUTICS, INC. 151 OYSTER POINT BLVD., STE. 400					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable) $old X$ Form filed by One Reporting Person				
(Street) SOUTH SAN CA 94080															orm filed by More than One Reporting			
FRANCI	ISCO CA	C'A			Rule 10b5-1(c) Transaction Indication						1							
(City)	(Si	ate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to			
		Tab	le I - Noi	า-Deriv	ative	Sec	curities	Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owne	i			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Code (Ins	Transaction Disposed Of (D) (I Code (Instr. 5)				Benefici Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	ount (A) or (D)		Reporte Transac (Instr. 3	ction(s)		(1	Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemo Execution if any (Month/Da	Date,	4. Transact Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code V (A) (D)				Date Exp Exercisable Date		piration te	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.57	06/14/2023			A		25,000		(1)	06	/13/2033	Common Stock	25,000	\$0	25,000)	D	

Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 100% of the total number of shares subject to the option on the earlier of (i) the first anniversary of the grant date or (ii) the date of the 2024 Annual Meeting of the Issuer's stockholders, assuming continuous service as a director until such vesting date.

/s/ Lloyd Rowland, as Attorney-in-Fact for Alan Ashworth

06/16/2023

** 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.