FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
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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

Hadley Harbor Master Investors	2. Date of Event Requiring Statement (Month/Day/Year) 10/07/2015  3. Issuer Name and Ticker or Trading Symbol  CytomX Therapeutics, Inc. [ CTMX ]									
(Last) (First) (Middle) C/O WELLINGTON MANAGEMENT			4. Relationship of Reporting Perso (Check all applicable)  Director X	10% Owner	r (Mon	5. If Amendment, Date of Original Filed (Month/Day/Year)				
COMPANY LLP 280 CONGRESS STREET			Officer (give title below)	Other (spec below)	f [ 6. Inc					
(Street) BOSTON MA 02210						Form filed by Reporting Pe	y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (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 Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security		4. Conversion or Exercise Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)				
Series D Convertible Preferred Stock	(1)	(1)	Common Stock	749,055	(1)	D				

## Explanation of Responses:

 $1.\ The\ Series\ D\ Convertible\ Preferred\ Stock\ is\ convertible\ into\ CytomX\ Therapeutics,\ Inc.\ common\ stock\ on\ a\ one-for-one\ basis\ and\ has\ no\ expiration\ date.$ 

Hadley Harbor Master
Investors (Cayman) L.P. By:
Wellington Hedge
Management LLC, as General

<u>Partner, /s/Valerie Tipping,</u> Title: Authorized Person

\*\* Signature of Reporting Person Date

10/07/2015

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.

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