FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

W	as	hinç	gton,	D.C.	205	49	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	ide. dec		File	ed pu o	rsuan or Sec	t to Section tion 30(h)	n 16(a of the	a) of the So Investmen	ecuriti nt Cor	ies Exchar npany Act	nge Ad	ot of 19: 40	34		Hours	per res	porise.	0.5
Name and Address of Reporting Person* Campoy Carlos				2. Issuer Name and Ticker or Trading Symbol <u>CytomX Therapeutics</u> , <u>Inc.</u> [CTMX]							elationship of ck all applica Director	able)	g Perso	10% Ow	/ner				
(Last) (First) (Middle) C/O CYTOMX THERAPEUTICS, INC. 151 OYSTER POINT BLVD., STE. 400					3. Date of Earliest Transaction (Month/Day/Year) 02/02/2022						>	X Officer (give title Other (specif below) Chief Financial Officer				респу			
(Street) SOUTH FRANCI	SCO	A itate)	94080 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				.		
		Та	ble I - No	n-Deriv	ativ	/e Se	ecurities	s Ac	quired,	Dis	posed c	of, or	Ben	eficially	Owned				
Dat			Date	Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securities Beneficia	5. Amount of Securities Beneficially Owned Following		: Direct I · Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/				02/02	2/2022		A		22,500	500 ⁽¹⁾ A		\$0.00	28,921 ⁽²⁾		D				
			Table II -						,		osed of, onverti	,		•	Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis: Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tr	Code (Insti				6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and of Securitie Underlying Derivative S (Instr. 3 and		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
				C	ode	v	(A) (D)		Date Exercisab		expiration Date			or Number of Shares		(Instr. 4)			
Stock Option		00/00/0000			.		125 000		(2)			Com	mon .	125 000		405.00		_	

Explanation of Responses:

2 Includes 22 500 RSUs

(Right to

\$4.13

1. Constitute restricted stock units ("RSUs") for which the Reporting Person is entitled to receive one (1) share of Common Stock for each RSU upon vesting. 1/4th of the RSUs vest annually on March 15 of each year, with the first 1/4th vesting on March 15, 2023, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

(3)

02/01/2032

3. 1/48th of the shares subject to the option vest on each monthly anniversary measured from February 2, 2022 (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/ Lloyd Rowland, as Attorney-02/04/2022 in-Fact for Carlos Campoy

135,000

Stock

\$0.00

135,000

D

** 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).

02/02/2022

** 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.

135,000