FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

**OMB APPROVAL** OMB Number: Estimated average burden hours ner response. 0.5

Instruc	tion 1(b).				to Section 16(a ion 30(h) of the						4		Liliano	- ро. тос		0.0	
1. Name and Address of Reporting Person*  RAY DEBANJAN						2. Issuer Name and Ticker or Trading Symbol  CytomX Therapeutics, Inc. [ CTMX ]							eck all applic	cable) or	g Pers	rson(s) to Issuer  10% Owner  Other (specify	
(Last) (First) (Middle) C/O CYTOMX THERAPEUTICS, INC. 151 OYSTER POINT BLVD., SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019							_	X Officer (give title Other (specify below)  Chief Financial Officer					
(Street) SOUTH SAN FRANCISCO CA 94080				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																	
Table I - Non-Deriv.  1. Title of Security (Instr. 3)  2. Transposite (Month/L				action	2A. Deemed Execution Date, if any (Month/Day/Yea	3. Trans Code	action (Instr.	4. Securi	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		-				urities Acq ls, warrants							Owned				
1. Title of Derivative Security (Instr. 3)			Date, T	ransaction ode (Instr.		6. Date E Expiratio (Month/E	n Date		of Securities Underlying			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Naturo of Indirec Beneficia Ownershi (Instr. 4)	

## **Explanation of Responses:**

\$16.85

Stock Option

(right to

buy)

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.

Date

(D)

Exercisable

(1)

/s/ Debanjan Ray

Title

Common

Stock

Expiration Date

01/24/2029

01/29/2019

90,000

D

\*\* Signature of Reporting Person

Amount Number

of Shares

90,000

Date

\$0.00

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

01/25/2019

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

(A)

90,000

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.