SEC Form	n 4 FORM 4	4	UNITE) ST/	ATE	S SI						NGE	E CC	OMMIS	SION				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						rsuant	CHAN to Section	IGE 16(a) of the S	BEI		_	ΗP	Estim	OMB APPROVAL OMB Number: 3234 Estimated average burden hours per response:		3235-0287		
1. Name and Address of Reporting Person [*] Chu Yu-Waye						2. Issuer Name and Ticker or Trading Symbol <u>CytomX Therapeutics, Inc.</u> [CTMX]									5. Relationship of Reporting Pers (Check all applicable) Director			10% O	wner
(Last) (First) (Middle) C/O CYTOMX THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/18/2024									Х	X Officer (give title Other (specify below) below) Chief Medical Officer				
151 OYSTER POINT BLVD., STE. 400 (Street) SOUTH SAN					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication 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.													
1. Title of Se	ecurity (Instr		ble I - Noi	n -Deri 2. Tran Date		n :	Curities 2A. Deeme Execution	d	quired,		4. Securit	ies Ac	quired		5. Amoun			mership : Direct	7. Nature of Indirect
					/Day/Y	Day/Year) if any (Month/Day/Year)		Code				Price	Beneficial Owned Fo Reported Transactio	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		r Indirect str. 4)	Beneficial Ownership (Instr. 4)		
Common Stock 01/18					8/202	8/2024			Α	┢	26,250	-	A	\$0	·				
			Table II -								osed of, convertit)wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution I		Date, Transaction Code (Instr		Derivative I		Expiratio	6. Date Exercis Expiration Date (Month/Day/Ye		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	e Owners s Form: ally Direct (or Indir g (I) (Inst	Ownershi	D) Beneficial O) Ownershi ect (Instr. 4)
					Code		(A)			Date E Exercisable D		Title		Amount or Number of Shares		(Instr. 4)			
Stock Option	\$1.68	01/18/2024			А		122,500		(3)		01/17/2034	Com	imon	122,500	\$0	122,5	500	D	

Stock Option (Right to Buy)	\$1.68	01/18/2024	A	122,500	(3)	01/17/2034	Common Stock	122,500	\$0	122,500
Performance Stock Units (PSUs)	(4)	01/18/2024	Α	75,000	(4)	(4)	Common Stock	75,000	\$0	75,000

Explanation of Responses:

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. 1/3rd of the RSUs vest annually on March 15 of each year, with the first 1/3rd vesting on March 15, 2025, subject to the Reporting Person continuing as a service provider through each such date.

2 Includes 26 250 RSUs

3. 1/48th of the shares subject to the option vest on each monthly anniversary measured from January 18, 2024 (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.

4. Each Performance-Based Restricted Stock Unit ("PSU") represents a contingent right to receive one (1) share of Common Stock upon vesting. 1/2 of the PSUs vest upon the achievement of each of two clinical milestones, subject to the Reporting Person continuing as a service provider through each such date.

/s/ Lloyd Rowland, as Attorney-01/22/2024 in-Fact for Yu-Waye Chu

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** 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.