FORM 4

Washington, D.C. 20549

NITED STATES SECURITIES AND EXCHANGE COMMISS
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	OMB APP	ROVAL
	OMB Number:	3235-0287
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hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* ROWLAND LLOYD A						2. Issuer Name and Ticker or Trading Symbol CytomX Therapeutics, Inc. [CTMX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below)					
(Last) (First) (Middle) C/O CYTOMX THERAPEUTICS, INC. 151 OYSTER POINT BLVD., STE. 400						3. Date of Earliest Transaction (Month/Day/Year) 08/20/2024								below)			below)	,	
(Street) SOUTH SAN FRANCISCO (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
			le I - No	1		_			1	, Dis	-	•		y Owned			1.		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		Beneficia Owned F	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 08/20/2					/2024	2024		M ⁽¹⁾		11,250	A	\$0	134,9	78(2)(3)	D				
Common Stock 08/20/)/2024			S ⁽⁴⁾ 4,18		4,181	D	\$1.229	130,797 ⁽³⁾		D			
		Т	able II -								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

Performance

Stock Units

- 1. Represents vesting of a Performance Stock Unit ("PSU") award initially granted on August 10, 2022.
- 2. Includes 6,000 shares acquired pursuant to the Issuer's Employee Stock Purchase Plan on May 31, 2024.
- 3. Includes 52,916 restricted stock units.
- 4. The shares were sold solely to satisfy tax or other government withholding obligations in connection with the vesting of PSUs reported herein.

 $M^{(1)}$

5. Each PSU represents a contingent right to receive one share of the Issuer's Common Stock upon vesting, 50% of the PSUs vested on December 17, 2023 upon achievement of a certain performance-based milestone. In connection with the vesting reported herein, the remaining 50% of the PSUs vested upon achievement of a certain performance-based milestone.

11,250

/s/ Lloyd Rowland

Stock

08/22/2024

0

D

** Signature of Reporting Person

11,250

\$0

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).

08/20/2024

** 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.