FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* HUMPHREY RACHEL						2. Issuer Name and Ticker or Trading Symbol CytomX Therapeutics, Inc. [CTMX]									ck all applic Directo Officer	able)	g Pers	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) 343 OYSTER POINT BLVD. SUITE 100					Date (Trans	saction (Mor	nth/E	Day/Year)	X	below) below) Chief Medical Officer							
(Street) SOUTH SAN FRANCISCO CA 94080				_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tak	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired, D	Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (In	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		and Securition Benefici		s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	V	Amount	(A) or (D)		ce	Transact (Instr. 3 a	ion(s)			(30. 4)
		-							uired, Dis s, options						Owned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of utive	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amor or Numl of Share	oer					
Employee Stock Option (right to	\$14.46	01/21/2016			A		65,000		(1)	0	1/20/2016	Common Stock	65,0	00	\$0	65,000	0	D	

Explanation of Responses:

1. This option vests in 48 substantially equal monthly installments starting on January 1, 2016.

Ex. 24.1 - Power of Attorney (incorporated by reference to the Power of Attorney filed as Exhibit 24.1 to the Form 3 filed by the reporting person on October 7, 2015)

/s/ Cynthia J. Ladd, attorney-in-01/25/2016 fact

** 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.