	FORM	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549															
Section 16. Form 4 or Form 5 obligations may continue. See				Ad pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								SHIP	OMB	OMB APPROVA OMB Number: 323 Estimated average burden hours per response:		3235-0287		
1. Name and Address of Reporting Person <sup>*</sup> LADD CYNTHIA J (Last) (First) (Middle) 343 OYSTER POINT BLVD. SUITE 100					2. Issuer Name and Ticker or Trading Symbol CytomX Therapeutics, Inc. [ CTMX ] 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2016							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Senior VP and General Counsel					
(Street) SOUTH SAN FRANCISCO (City) (State)			94080 (Zip)		- 4. If Am	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					
		Tak	ole I - Nor	n-Deri	vative Se	ecurities Ac	qui	ired,	Disp	osed o	f, or Ben	eficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L					Execution Date,			ction nstr. V	4. Securit Disposed 5) Amount	ties Acquired (A) or d Of (D) (Instr. 3, 4 and (A) or (D) Price		Securitie Benefici Owned F Reporte Transac	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		-	Table II -	Deriva (e.g.,	ative Sec puts, cal	urities Acq s, warrants	uire s, o	ed, D ption	ispo s, c	osed of, onvertil	or Bene ble secu	ficially rities)	Owned		·			
1. Title of Derivative     2.     3. Transaction       Security (Instr. 3)     or Exercise Price of Derivative Security     (Month/Day/Yest)			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)	on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	

or Number Expiration Date Date Exercisable of Shares v (A) (D) Code Title Employee Stock Option Commor Stock 45,000 \$14.46 01/21/2016 45,000 (1) 01/20/2016 45,000 D А \$<mark>0</mark> (right to buy)

Explanation of Responses:

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

**Remarks:** 

## <u>/s/ Cynthia J. Ladd</u>

\*\* Signature of Reporting Person Date

01/25/2016

Amount

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.