FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	SIA	.!

	tion 1(b).	ide. See		File	ed pur	suant	to Section	16(a	a) of the Secu	rities Ex	change	e Act of 19	934		nours	per res	sponse:	0.5
					or	Secti	on 30(h) o	of the	Ínvestment (company	y Act of	f 1940						
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol <u>CytomX Therapeutics</u> , <u>Inc.</u> [CTMX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jones Elaine V												:	X Directo	ector 10% Ow			ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024								Officer (give title below)			Other (specify below)	
C/O CY	ГОМХ ТН	ERAPEUTICS, 1	INC.		4 1	If Ame	ndment I	Date	of Original Fil	ed (Mon	nth/Day	/Year)	6 Ir	idividual or .	loint/Group	Filing	(Check Apr	olicable
151 OYSTER POINT BLVD., STE. 400				4. If Amendment, Date of Original Filed (Month/Day/Year)								 Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person 						
(Street)													filed by More than One Reporting			I		
SOUTH FRANCI	('	A	94080		R	Rule 10b5-1(c) Transaction Indication												
(City)	(S	tate)	(Zip)			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.												
		Tab	ole I - Nor	ı-Deri	vativ	e Se	curities	s Ac	quired, D	ispose	ed of,	, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. TransDate (Month)				2A. Deemed Execution Date if any (Month/Day/Yea		Date	Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			es For ially (D) Following (I) (I		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Am	ount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		[Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security			d Date,	4. Transa	. 5. Number of of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title ar of Securi Underlyir Derivativ			7. Title and of Securiti Underlying Derivative (Instr. 3 and	d Amount les g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expira Date		Title	Amount or Number of Shares					
Stock Option (Right to	\$1.96	05/15/2024			A		38,000		(1)	05/14/2	2034	Common Stock	38,000	\$0	38,000)	D	

Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 100% of the total number of shares subject to the option on the earlier of (i) the first anniversary of the grant date or (ii) the date of the 2025 Annual Meeting of the Issuer's stockholders, assuming continuous service as a director until such vesting date.

/s/ Lloyd Rowland, as

Attorney-in-Fact for Elaine V. 05/17/2024

<u>Jones</u>

** 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.