FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

IJ	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burde	en							
l	hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name ar		2. Issuer Name and Ticker or Trading Symbol  CytomX Therapeutics, Inc. [ CTMX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Fuchs Charles S.</u>						Stome Therapeutes, me. [ Givin ]								X	Directo	r		10% Ow	ner
(Last) (First) (Middle) C/O CYTOMX THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/23/2017									Officer below)	(give title		Other (s below)	pecify
		IT BLVD., STE.																	
131 013	JIEK POIN	11 BLVD., 51E.	400		4 1	f Ama	ndment [	Date (	of Original E	hali	(Month/Da	w/Voar)		6 Indi	vidual or 1	oint/Group	Eiling	(Check Ann	nlicable
(Street)				4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SOUTH SAN CA		Δ	94080										X Form filed by One Reporting Person						
FRANCI	ISCO C	A	5-000										Form filed by More than One Reporting Person					ting	
(City)	(S	tate)	(Zip)																
		Tak	le I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired, [	Disp	osed o	f, or Be	nefic	ially	Owned				
Date					th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		, Transaction Dis Code (Instr. 5)		Disposed	urities Acquired (A ed Of (D) (Instr. 3,		4 and Securit Benefic Owned		es Form ially (D) Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	Amount (A) or (D)		се	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
		-	Table II -	Deriva (e.g., p	tive uts,	Secu calls	urities <i>i</i> s, warra	Acq ants	uired, Di , options	spo s, c	sed of, onvertil	or Ben ble secu	eficia urities	lly C	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Stock Option (right to buy)	\$20.04	10/23/2017			A		28,000		(1)	1	0/22/2027	Common Stock	28,0	00	\$0.00	28,000	)	D	

## **Explanation of Responses:**

1. 1/36th of the shares subject to the option vest on each monthly anniversary measured from October 23, 2017 (the "Vesting Commencement Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the third anniversary of the Vesting Commencement Date, subject to the Reporting Person's continued service to the Issuer through each such vesting date.

/s/ Cynthia J. Ladd, as

Attorney-in-Fact for Charles S. 10/24/2017

**Fuchs** 

\*\* 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.