## Edgar Filing: HUMPHREY RACHEL - Form 4

HUMPHREY RA	CHEL										
Form 4 January 26, 2018											
FORM 4									OMB A	PPROVA	L
	UNITED	STATES		SECURITIES AND EXCHANGE COMM Washington, D.C. 20549					OMB Number:	3235-	0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type Respon	ses)										
1. Name and Address HUMPHREY RA	Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol CytomX Therapeutics, Inc. [CTMX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 151 OYSTER POINT BLVD., SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 01/24/2018			Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer					
(S SOUTH SAN FRANCISCO, CA	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>							
(City) (S	State)	(Zip)	Tab	le I - Non-I	Derivativ	e Securities A	Acquired, Disposed	l of, o	r Beneficia	lly Owned	1
	nsaction Date h/Day/Year)	Execution any	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi nAcquirec Disposec (Instr. 3,	ties 1 (A) or 1 of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. O Forr	wnership n: Direct or Indirect	7. Nature Indirect	of ll
Reminder: Report on	a separate line	for each cla	ass of sec	urities benet	ficially ov	vned directly	or indirectly.				
	·				Perse infor requi	ons who res mation cont ired to resp ays a curre	spond to the coll tained in this for ond unless the fo ntly valid OMB c	m are orm	enot	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired ( Disposed o (Instr. 3, 4, 5)	of (D)			(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 25.82	01/24/2018		А	100,000		<u>(1)</u>	01/23/2028	Common Stock	100,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
HUMPHREY RACHEL 151 OYSTER POINT BLVD. SUITE 400 SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer				
Signatures							
/s/ Debanjan Ray, as Attorney-in-Fact for Humphrey	01/26/2018						
<b>**</b> Signature of Reporting Person		I	Date				

## **Explanation of Responses:**

- \* 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).

1/48th of the shares subject to the option vest on each monthly anniversary measured from January 1, 2018 (the "Vesting Commencement (1) Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the fourth anniversary of the Vesting Commencement Date, subject to the Reporting Person's continued service to the Issuer through each such date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.