CytomX Therapeutics, Inc. Form 4 December 29, 2016

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden 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

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * HUMPHREY RACHEL			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle)			CytomX Therapeutics, Inc. [CTMX]	(Check all applicable)		
		(Middle)	3. Date of Earliest Transaction			
			(Month/Day/Year)	Director 10% Owner		
343 OYSTER POINT			12/28/2016	_X_ Officer (give title Other (specify below) Chief Medical Officer		
BLVD., SUITE 100						
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
SOUTH SAN				Form filed by More than One Reporting		
FRANCISCO	CA 94080			Person		

(City)	(State)	(Zip)	Table I - No	n-Derivative Securities Acquired, Disposed o	of, or Bei	neficially Owned
1.Title of	2. Transaction Dat	e 2A. Deemed	3.	4. Securities Acquired (A) 5. Amount of	6.	7. Nature of

C:4	(M = ==41-/D ===/W = ==)	E	Т	D:		(D)	C:4:	O	T., J
Security	(Month/Day/Year)	Execution Date, if	Transactiomr Disposed of (D)				Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and 3	5)	Beneficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
							Following	or Indirect	(Instr. 4)
					(4)		Reported	(I)	
					(A)		Transaction(s)	(Instr. 4)	
					or		(Instr. 3 and 4)	· ·	
			Code V	Amount	(D)	Price	(msu. 3 and 4)		
Common Stock	12/28/2016		M	15,117	A	\$ 6.6147	15,117	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: CytomX Therapeutics, Inc. - Form 4

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 6.6147	12/28/2016		M	15,117	<u>(1)</u>	08/27/2025	Common Stock	15,117

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>FS</b>	Director	10% Owner	Officer	Other			
HUMPHREY RACHEL 343 OYSTER POINT BLVD. SUITE 100 SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer				
Signatures							
/s/ Cynthia J. Ladd, as Attorney-in-Fact fo Humphrey	12/29/2016						
**Signature of Reporting Person			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) This option vests 25% on August 28, 2016, and the remaining 75% vests in 36 substantially equal monthly installments thereafter, with each additional installment vesting on the last day of the month, except the final installment, which shall vest on August 28, 2019.

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.

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