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RAY DEBA Form 4	NJAN										
May 02, 201	18										
FORM	Π Δ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol				I	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (CytomX Therapeutics, Inc. [CTMX] 3. Date of Earliest Transaction					(Check all applicable)			
C/O CYTOMX THERAPEUTICS, INC., 151 OYSTER POINT BLVD., SUITE 400			(Month/Day/Year) 05/01/2018					Director 10% Owner 0fficer (give title Other (specify below) Chief Financial Officer			
								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
FRANCISC	CO, CA 94080						1	CISON			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	onor Dispos (Instr. 3,	(A) or	5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/01/2018			M ⁽¹⁾	Amount 3,000	(D) A	Price \$ 1.2599	7,741	D		
Common Stock	05/01/2018			S <u>(1)</u>	3,000	D	\$ 26.5207 (2)	4,741	D		

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

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number.

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

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 opf Derivative 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)		8. 1 De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 1.2599	05/01/2018		M <u>(1)</u>	3,000	(3)	12/10/2023	Common Stock	3,000	

Reporting Owners

Reporting Owner Name / Add	Iress	Relationships						
	Director	10% Owner	Officer	Other				
RAY DEBANJAN C/O CYTOMX THERAPEUTIC 151 OYSTER POINT BLVD., SI SOUTH SAN FRANCISCO, CA	UITE 400		Chief Financial Officer					
Signatures								
/s/ Debanjan 05/0 Ray)3/2018							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The sale was effected pursuant to the Reporting Person's Rule 10b5-1 trading plan.

This transaction was executed in multiple trades in prices ranging from \$26.22 to \$26.75, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission

- (2) reflects the weighted average sale price. The Reporting Ferson hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- (3) 100% of the shares subject to the option are fully vested and exercisable.

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.

Reporting Owners

<u>**</u>Signature of Reporting Person