RAY DEBANJAN Form 4

August 02, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

January 31, Expires: 2005 Estimated average

burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * RAY DEBANJAN

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

below)

CytomX Therapeutics, Inc. [CTMX]

08/01/2018

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X_ Officer (give title Other (specify

C/O CYTOMX THERAPEUTICS. INC., 151 OYSTER POINT BLVD., SUITE 400

(Street)

(State)

(Zip)

Chief Financial Officer

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 Form filed by More than One Reporting

SOUTH SAN FRANCISCO, CA 94080

(City)

(City)	(State)	Tabl	le I - Non-L	Derivative	Secui	rities Acqu	ired, Disposed of	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	08/01/2018		M(1)	2,710	A	\$ 1.2599	8,638	D	
Common Stock	08/01/2018		M(1)	290	A	\$ 1.4489	8,928	D	
Common Stock	08/01/2018		S <u>(1)</u>	3,000	D	\$ 26.05	5,928	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)

Edgar Filing: RAY DEBANJAN - Form 4

required to respond unless the form displays a currently valid OMB control number.

De Se (In

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

Der Sec	Citle of vivative urity str. 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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exerc Expiration D (Month/Day/	ate	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	
Op	ock otion ight to y)	\$ 1.2599	08/01/2018		M <u>(1)</u>	2,710	(2)	12/10/2023	Common Stock	2,710	
Op	ock tion ight to y)	\$ 1.4489	08/01/2018		M <u>(1)</u>	290	(2)	02/27/2024	Common Stock	290	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

RAY DEBANJAN C/O CYTOMX THERAPEUTICS, INC. 151 OYSTER POINT BLVD., SUITE 400 SOUTH SAN FRANCISCO, CA 94080

Chief Financial Officer

Signatures

/s/ Debanjan
Ray

**Signature of Date

**Signature of
Reporting Person

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).
- $\textbf{(1)} \quad \text{The sale was effected pursuant to the Reporting Person's Rule 10b5-1 trading plan}.$
- (2) 100% of the shares subject to the option are fully vested and exercisable.

Reporting Owners 2

Edgar Filing: RAY DEBANJAN - Form 4

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.