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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): May 16, 2018

CYTOMX THERAPEUTICS, INC.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-37587**	**27-3521219**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

151 Oyster Point Blvd.
Suite 400
South San Francisco, CA 94080

(Address of principal executive offices, including Zip Code)

Registrant's telephone number, including area code: (650) 515-3185

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter)
Emerging growth company ☒
If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Ex

Item 7.01 Regulation FD Disclosure

CytomX Therapeutics, Inc. plans to present the information in the presentation slides, attached hereto as Exhibit 99.1, to the investment community at the 2018 Bank of America Merrill Lynch Health Care Conference scheduled for May 17, 2018. A copy of the presentation, including a slide setting forth certain cautionary language intended to qualify the forward-looking statements included in the presentation, is furnished as Exhibit 99.1 to this Current Report and is incorporated herein by reference.

The information in this Item 7.01, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Security Exchange Act of 1934, as amended (the "Exchange Act") or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01. Financial Information and Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Presentation by Sean McCarthy, D.Phil., President and Chief Executive Officer of CytomX Therapeutics, Inc., at the 2018 Bank of America Merrill Lynch Healthcare Conference.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: May 16, 2018

CYTOMX THERAPEUTICS, INC.

By: /s/ Debanjan Ray
Debanjan Ray
Chief Financial Officer

Exhibit 99.1

CYTOMX THERAPEUTICS

Bank of America Merrill Lynch 2018 Health Care Conference

Reinventing Therapeutic Antibodies for the Treatment of Cancer

May 17, 2018

Forward Looking Statements

Special Note Regarding Forward-Looking Statements

This presentation may contain projections and other forward-looking statements regarding future events. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial condition, technology platform, development strategy, prospective products, preclinical and clinical pipeline and milestones, regulatory objectives, expected payments from and outcomes of collaborations, and likelihood of success, are forward-looking statements. Such statements are predictions only and involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These risks and uncertainties include, among others, the costs, timing and results of preclinical studies and clinical trials and other development activities; the uncertainties inherent in the initiation and enrollment of clinical trials; expectations of expanding on-going clinical trials; availability and timing of data from clinical trials; the unpredictability of the duration and results of regulatory review; market acceptance for approved products and innovative therapeutic treatments; competition; the potential not to receive partnership milestone, profit sharing or royalty payments; the possible impairment of, inability to obtain and costs of obtaining intellectual property rights; and possible safety or efficacy concerns, general business, financial and accounting risks and litigation. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. More information concerning us and such risks and uncertainties is available on our website and in our press releases and in our public filings with the U.S. Securities and Exchange Commission. We are providing this information as of its date and do not undertake any obligation to update or revise it, whether as a result of new information, future events or circumstances or otherwise. Additional information may be available in press releases or other public announcements and public filings made after the date of this presentation.

This presentation concerns products that have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). No representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

Leveraging Our Innovative Probody Platform to Build a Pipeline of Differentiated Cancer Therapies

Wholly Owned Programs

- Three clinical stage programs by year end
  - CX-072 (anti-PD-L1): Initial clinical data at ASCO
  - CX-2009 (CD166-directed PDC): Initial clinical data in 2H'18
  - CX-188 (anti-PD1): IND filing in 2H'18

Innovative Probody™ Platform

- Designed to enhance tumor targeting and create/widen therapeutic window
- Potential best-in-class immunotherapies against clinically-validated targets
- Potential first-in-class therapeutics against novel, difficult-to-drug targets

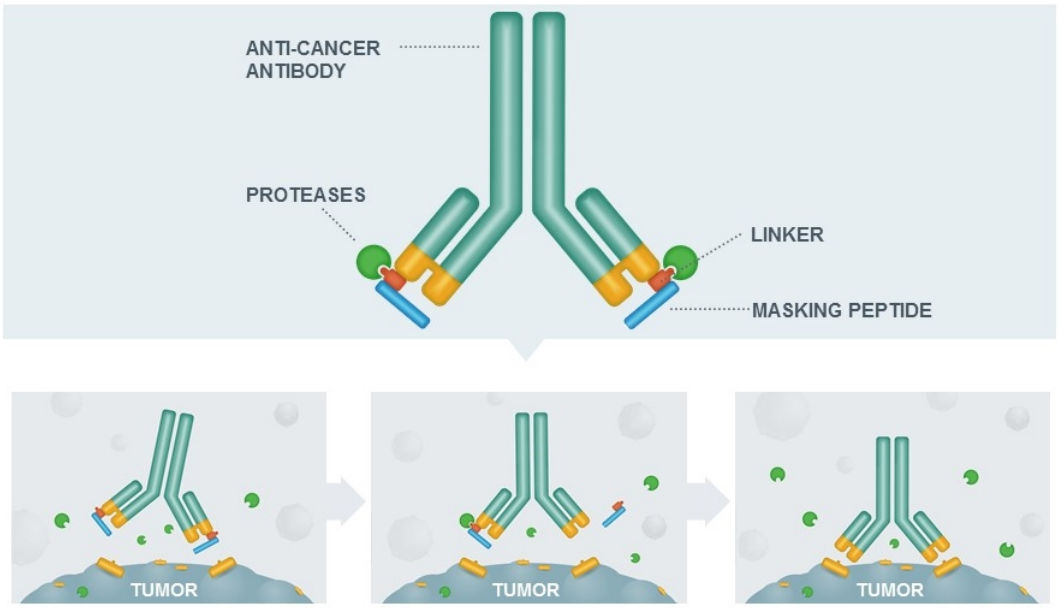
Maturing Partnerships

- Two clinical stage partnered programs
  - BMS-986249 (anti-CTLA-4): Phase 1/2 trial ongoing
  - CX-2029 (CD71-directed PDC co-developed with AbbVie): CytomX filed IND in April 2018

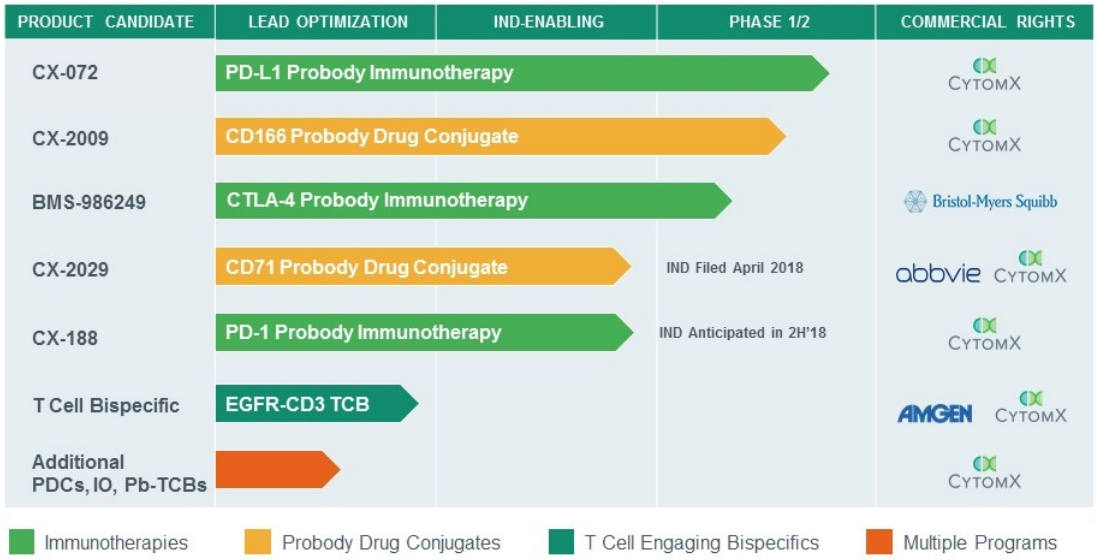
Well-Funded

- $361.5 million cash balance as of March 31, 2018
- Funding into 2020

Probody Therapeutics are Designed to be Activated in the Tumor Microenvironment



Deep and Differentiated Probody Pipeline with Initial Clinical Data Read Outs in 2018

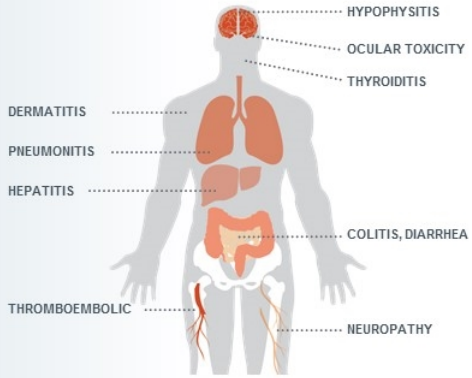


CytomX Therapeutics

CX-072:

PD-L1 Probody Therapeutic

Full Potential for Combination Immunotherapy is Limited by Immune-Related Toxicities



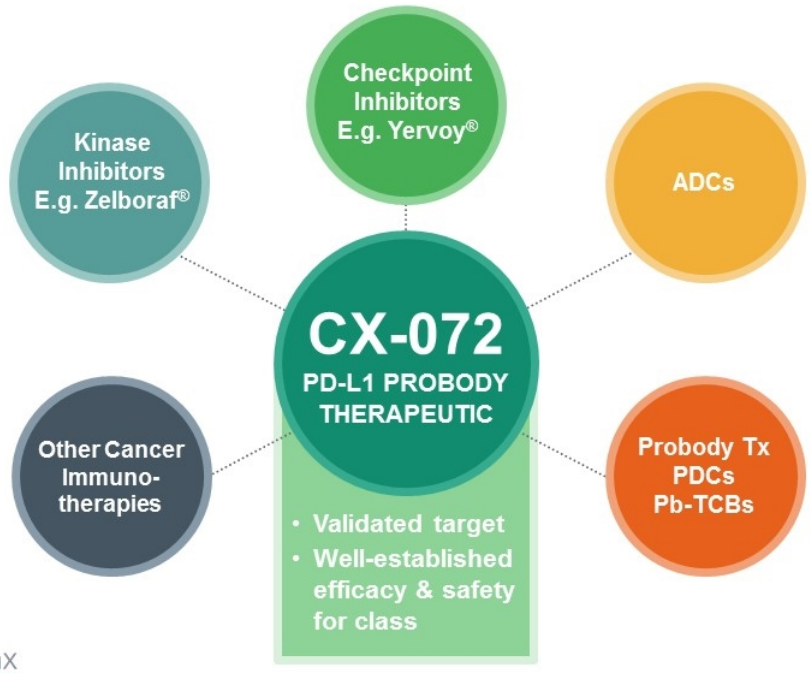
Nivo + Ipi toxicity is synergistic

	Nivolumab Mono melanoma	Ipilimumab Mono melanoma	Nivo + Ipi Combo[1] melanoma
	3mg/kg every 2 weeks	3mg/kg every 3 weeks	nivo 1mg/kg + ipi 3mg/kg every 3 weeks
ORR	44%	19%	58%
Treatment related Grade 3/4 AEs	16%	27%	55%
Discontinued Drug	8%	15%	36%

CytomX Therapeutics

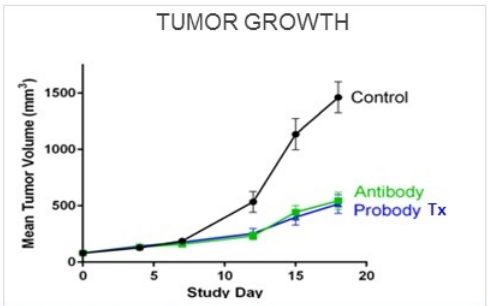
1. Larkin et al., NEJM, July 2015.

CX-072 as a Potential Centerpiece of Combination Cancer Therapy

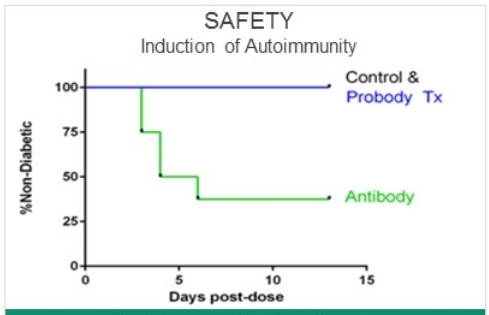


CX-072 Preclinical Proof of Concept

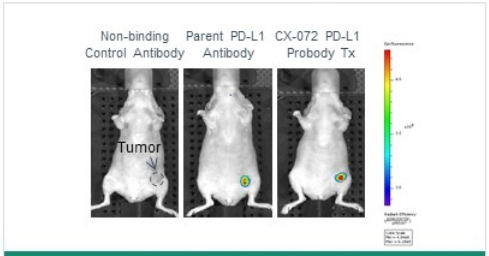
Antitumor efficacy, improved safety, localization to tumor



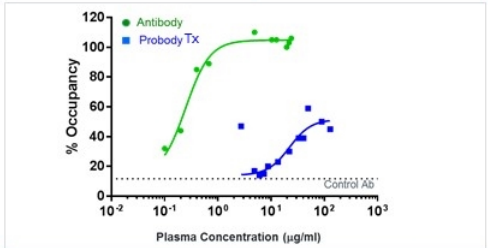
Similar Efficacy



Autoimmunity Reduced



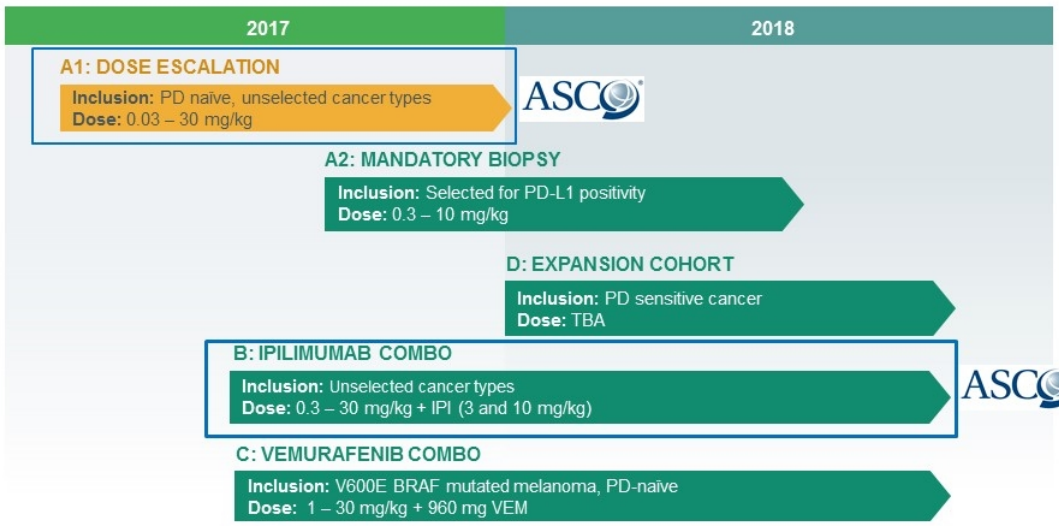
Localizes to Tumor



Prevents Binding in Periphery

CytomX Therapeutics

PROCLAIM-072: Phase 1/2 CX-072 Assessment as Monotherapy and in Combination



Initial Clinical Data at ASCO 2018

CX-072 Clinical Data Presentation
2018 ASCO Annual Meeting

Manageable Safety Profile and Initial Signs of Antitumor Activity Seen in Monotherapy

Abstract 3071 [Poster 285]

Preliminary Results of the First-In-Human, Dose-Finding PROCLAIM-072 Trial of the PD-L1 Probody Therapeutic CX-072 as Monotherapy in Patients with Advanced Solid Tumors

- Presenter: Karen A. Autio, M.D., MSc., Memorial Sloan Kettering Cancer Center
- Session: Developmental Therapeutics - Immunotherapy
- Date/Time: Monday, June 4, 8:00 – 11:30 a.m.
- Location: Hall A

- Enrollment: Patients with advanced, heavily pretreated solid tumors including PD-1, PD-L1, and CTLA-4 inhibitor naive, with immunotherapy unavailable as a standard of care for their disease.
- Dose Escalation Complete, 22 Enrolled, 17 Evaluable Patients: Average 6 prior anticancer treatments

Safety (N=17) *	Efficacy (N=17) *
MTD Not Reached	2 PR (12%) (Thymoma, PD-L1 Negative TNBC)
1 DLT	11 SD (65%)
12% Grade 3/4 TRAE	4 PD (24%)
	41% (7/17) Decrease in Target Lesions from Baseline (per RECIST v1.1)
	63% (5/8) Decrease in Target Lesions from Baseline at ≥ 3mg/kg

CytomX Therapeutics

* Data presentations at ASCO will reflect a data cutoff approximately five months later than the abstract submission data cutoff, and therefore, will include longer-term follow up.

Initial CX-072 Clinical Data: Activity in a Triple Negative Breast Cancer Patient

Patient Profile

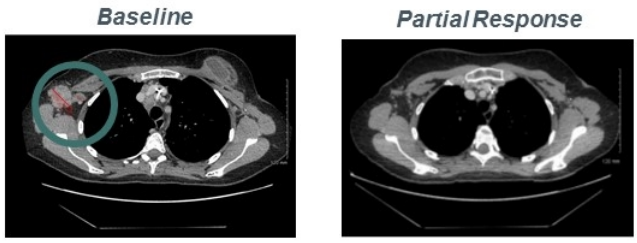
39 years old, PD-L1 negative, TMB low, Microsatellite Stable

Treatment History

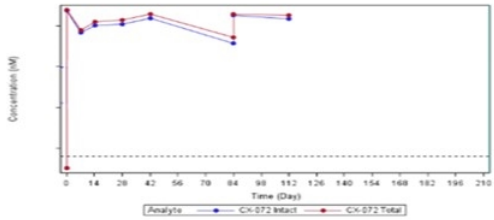
Three prior lines of therapy

Post mastectomy and left reconstruction with radiotherapy

Reduction of Tumor Burden



CX-072 remains masked and stable systemically



CytomX Therapeutics

CX-072 Clinical Data Presentation
2018 ASCO Annual Meeting

Manageable Safety Profile and Initial Signs of Antitumor Activity in Ipilimumab Combination

Abstract 3072 [Poster 286]

Preliminary Interim Results of the First-In-Human, Dose-Finding PROCLAIM-072 Trial of the PD-L1 Probody Therapeutic CX-072 in Combination with Ipilimumab in Patients with Advanced Solid Tumors

- Presenter: Rachel E. Sanborn, M.D., Earle A. Chiles Research Institute, Providence Cancer Center
- Session: Developmental Therapeutics - Immunotherapy
- Date/Time: Monday, June 4, 8:00 – 11:30 a.m.
- Location: Hall A

- Enrollment: Patients who are PD-1, PD-L1, and CTLA-4 inhibitor naïve
- Dose Escalation Complete, 9 Enrolled, 4 Evaluable: Average 4 prior anticancer treatments

Safety (N=9) **	Efficacy (N=4) **
MTD Not Reached	1 PR (Anal SCC, MSS, Intermediate TMB)
1 DLT	56% Target Lesion Reduction (December 4, 2017)
22% Grade 3 TRAE	

** Data presentations at ASCO will reflect a data cutoff approximately five months later than the abstract submission data cutoff, and therefore, will include longer-term follow up and data from additional patients.

CytomX Therapeutics

PROCLAIM-072: Phase 1/2 CX-072 Assessment as Monotherapy and in Combination

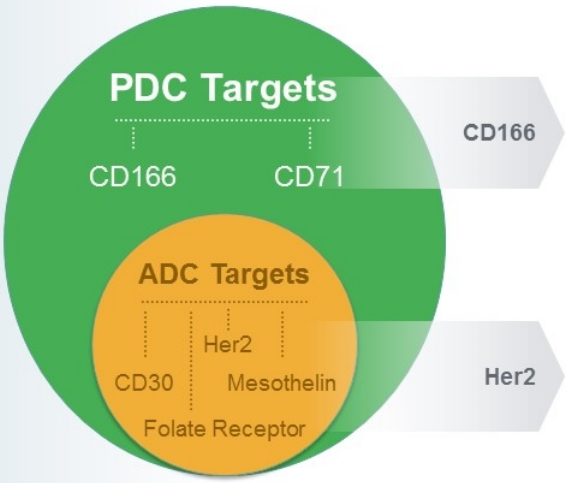
CytomX Therapeutics

CX-2009:

CD166-Directed Probody Drug Conjugate

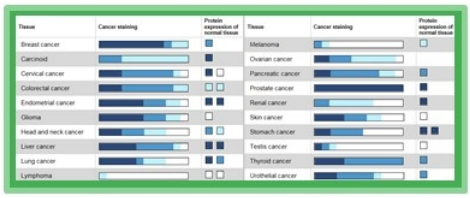
Probody Technology Enables Selection of Better Antibody Drug Conjugate Targets

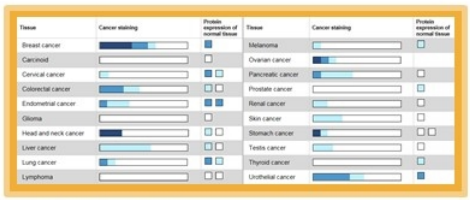
ADC Targets are Limited Based on Healthy Tissue Expression:



PDC Targets May Have More Attractive Attributes:

- Higher Expression
- Uniform Expression
- More patients
- More indications

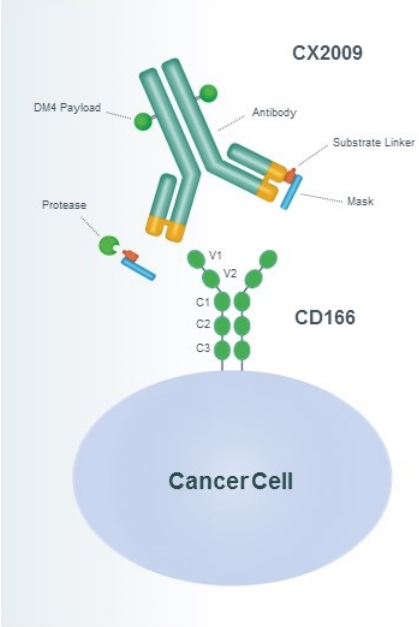


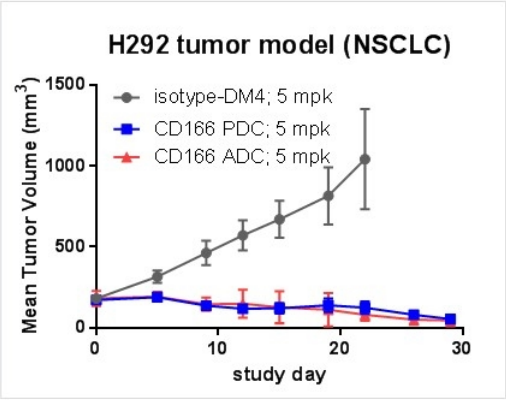


Source: Human Protein Atlas

CytomX Therapeutics

CX-2009: A Probody Drug Conjugate Targeting CD166 Preclinical Proof of Concept

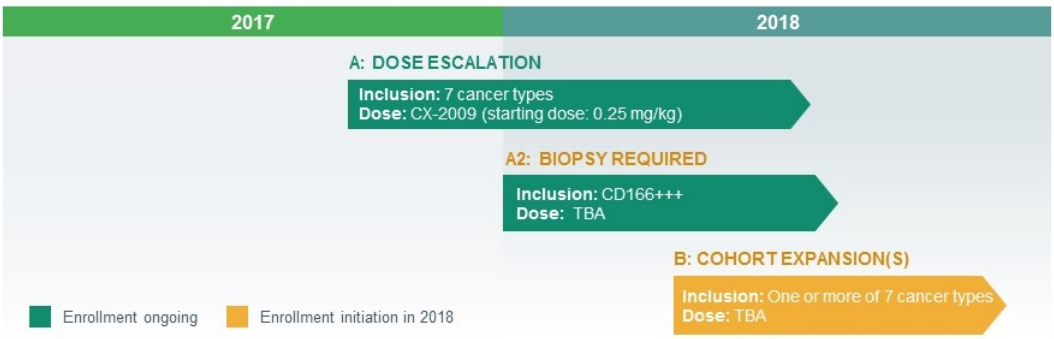




GLP Toxicity Study Results:

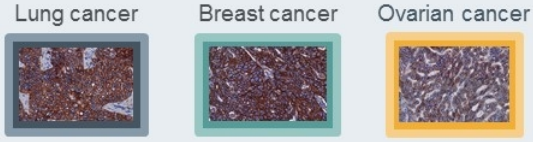
- Dosed up to 15 mg/kg in cynos
- Observed toxicity consistent with typical DM4 payload toxicity

PROCLAIM-CX-2009: CD166-Directed PDC Phase 1/2 Clinical Trial Design



Seven CD166+ tumor types in monotherapy dose escalation arm:

- Breast cancer
- Castration-resistant prostate cancer
- Cholangiocarcinoma
- Endometrial cancer
- Head and neck cancer
- Non-small cell lung cancer
- Ovarian cancer



Initial Clinical Data Expected 2H 2018

CytomX Therapeutics

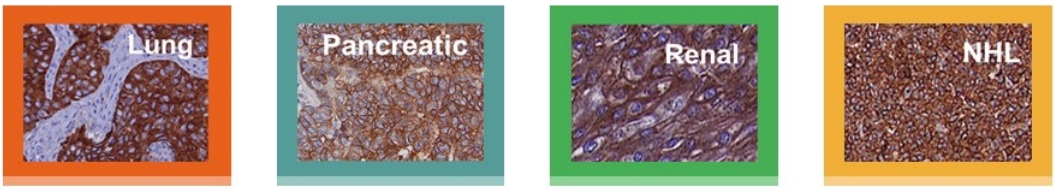
Partnered Programs

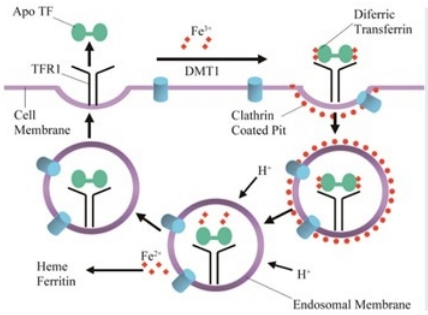
Alliances Have Brought Significant Capital into CytomX and Broadened Our Pipeline of Probody Therapeutics

Bristol-Myers Squibb	abbvie	AMGEN
• 10 oncology, 2 non-oncology targets • CTLA-4 Probody Tx in Ph. 1 • $287 million earned to date • $4.8 billion in potential milestones, tiered royalties up to low-double digits	• CD71 (CX-2029) + 2 additional targets • Co-development, co-commercialization, and profit split on CX-2029 • IND on CX-2029 filed in April 2018 • $45 million earned to date • Up to $1B in potential milestones	• EGFR-TCB + 3 additional targets • Co-development, profit split on EGFR-TCB • $1.4B aggregated in potential development, regulatory & commercial milestones • $60M earned to date • CytomX receives rights to one Amgen preclinical TCB

- ~$400 million to date from pharma partnering
- Two partnered assets in the clinic in 2018

CD71 is a High Potential Target for a Probody Drug Conjugate





- Ubiquitously expressed on dividing, normal and malignant cells
- Mediates iron uptake required for cell division
- Professional internalizing protein: often used as a positive control in ADC experiments
- Expression in normal dividing cells prohibits development of a traditional ADC

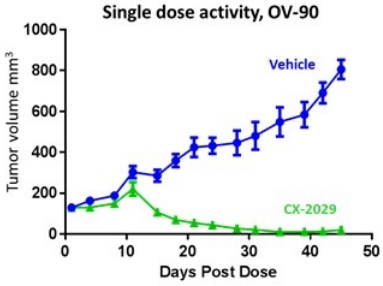
abbvie

CytomX Therapeutics

J. Cancer Ther. (2012)

Probody Platform Has the Potential to Enable CD71 as a Drug Conjugate Target

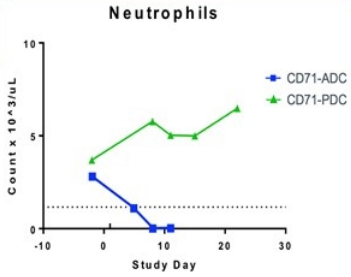
PDC regresses tumors after a single dose in mice



PDC has efficacy across almost all preclinical models

Models tested	42
Regression or stasis	30 (71%)
Growth inhibition	10 (24%)
No response	2 (5%)

In non-human primates, PDC opens therapeutic window where none previously existed

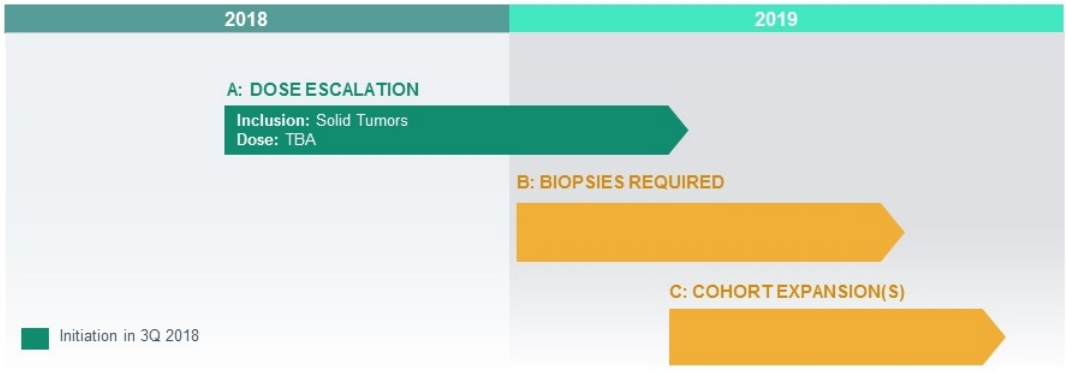


Partnered with AbbVie: Co-development rights and profit split
IND filed by CytomX in April 2018

abbvie

CytomX THERAPEUTICS

CX-2029:
CD71-Directed PDC Phase 1 Clinical Trial Design



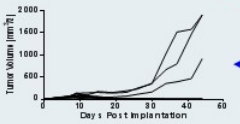
CytomX and AbbVie are co-developing a PDC against CD71, with CytomX leading pre-clinical and early clinical development

abbvie

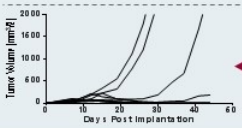
CytomX THERAPEUTICS

BMS Collaboration CTLA-4 Program: Ipilimumab (Yervoy®) Probody Program Advancing

Similar Efficacy in Mice



Ipilimumab
7/10 Tumor Free

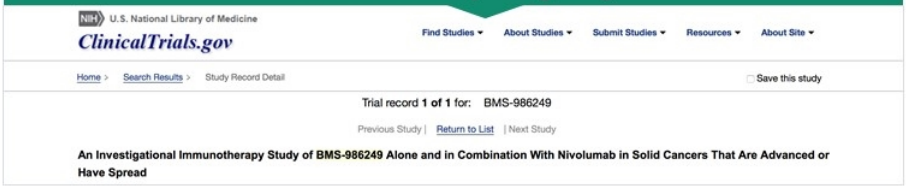


Ipilimumab Pb-Tx
6/10 Tumor Free

Improved Safety

HNSTD* in cynos
- 10 mg/kg ipilimumab
- 50 mg/kg ipilimumab Pb-Tx

Clinical Study Ongoing



* Highest non-severely toxic dose

CytomX Therapeutics

Bristol-Myers Squibb

Recent Highlights and Upcoming Milestones

2017 / 1H' 2018 Highlights

PROCLAIM-CX-072

- ✓ Completed monotherapy dose escalation enrollment (Part A1)
- ✓ All combinations arms recruiting
- ✓ First monotherapy cohort expansion recruiting

PROCLAIM-CX-2009

- ✓ Monotherapy dose escalation recruiting

PARTNERSHIPS

- ✓ **BMS**
  - BMS 986249 Clinical trial initiation
  - Alliance expansion: $200M upfront
- ✓ **AbbVie**
  - CytomX Filed CX-2029 IND
- ✓ **Amgen**
  - Co-development deal for T cell engaging Probody bispecifics: $40M cash, $20M equity purchase

2H' 2018 / 2019 Upcoming Milestones

PROCLAIM-CX-072

- ❑ Updates (Parts A, A2 and B): 2H'18
- ❑ Updates (Parts C and D): 2019

PROCLAIM-CX-2009

- ❑ Update (Part A): 2H'18
- ❑ Update (Part A2): 1H'19

BMS-986249

- ❑ BMS Responsible for Data Disclosures

CX-2029

- ❑ Clinical Trial Initiation: 3Q 2018

CX-188

- ❑ IND Filing in 2H'18

Continued Strong Execution Across Platform and Pipeline

CytomX Therapeutics

Thank you