Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
vasilington,	D.C.	20049

STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNE	RSHIP

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Dere Willard H</u>					2. Issuer Name and Ticker or Trading Symbol Mersana Therapeutics, Inc. [MRSN]							(Che	eck all app	ationship of Reportir k all applicable) Director		son(s) to Is 10% Ov			
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								Office below	er (give title		Other (s below)	pecify		
C/O MERSANA THERAPEUTICS, INC. 840 MEMORIAL DRIVE					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ie) X Form filed by One Reporting Person				·		
(Street) CAMBRIDGE MA 02139					Form filed by More than One Reporting Person									orting					
(City)	(S	tate) (2	Zip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)		es Acquired (A) or Of (D) (Instr. 3, 4 an		(A) or 3, 4 and	Benefic	ies cially Following	Form (D) or	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	or	Price	Transa	ed ction(s) 3 and 4)			(Instr. 4)		
Common	Stock			01/02/	2024			A		6,112(1)	A	<u>۸</u>	\$ <mark>0</mark>	39,182			D		
	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)	ative Conversion Date Execution Date, if any		4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nstr.	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	nber						

Explanation of Responses:

1. These shares were granted in connection with the Reporting Person's election to receive the Reporting Person's quarterly retainer for director services in the form of fully vested shares of stock rather than cash. The shares were granted to the Reporting Person pursuant to the Issuer's Amended & Restated Non-Employee Director Compensation Policy, as amended, in lieu of retainer fees of \$13,875 for the quarter ended December 31, 2023. The number of shares issued was based on the closing price per share of the Issuer's common stock on January 2, 2024, which was \$2.27.

/s/ Alejandra Carvajal, Attorney-in-Fact

** Signature of Reporting Person Date

01/04/2024

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.