FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
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|-------------|------|-------|

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mersana Therapeutics, Inc. [MRSN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|------------------|----------------|--|------|---|---|-----|--------------------|---------------------------------------|--------------------|---------------------------|---|---|------------------------------------|--|---------------------------------------|---|------|--|
| Alleva Lawrence M | | | | | 1 | | | P | | | | J | | X | Directo | r | | 10% Ov | /ner | |
| | ` | IERAPEUTICS, | (Middle) | | 06/ | 3. Date of Earliest Transaction (Month/Day/Year) 06/25/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. | Indivi | Officer (give title below) | | | Other (s below) | | |
| (Street) CAMBR (City) | | | 02139 (Zip) | | , | | | | | | | | Liı | ne) X | | | | | | |
| (City) | (5) | - | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code (| Transaction Disposed Of (D) (Instr. 3 | | ed (A) or str. 3, 4 ar | 4 and Se Be Ov | | curities F neficially (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | [· | Transaction(s) (Instr. 3 and 4) | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security | | Date, Transactio | | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount of | | f g Security | Der | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$22.9 | 06/25/2020 | | | A | | 9,200 | | (1) | 06 | 6/25/2030 | Common Stock | 9,200 | | \$0 | 9,200 | | D | | |

Explanation of Responses:

1. The option vests in full on the earlier of the first anniversary of the date of grant or the date of the 2021 Annual Meeting of Stockholders of Mersana Therapeutics, Inc.

/s/ Eva Jack, as Attorney-in-

Fact

** Signature of Reporting Person

06/29/2020

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

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.

^{*} 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).