| SEC Form 4 | | | | | | |
|---|---------|---------------------|---|---|--|-------------------------|
| FOR | M 4 | UNITED STAT | TES SECURITIES AND EXCHANGE CON Washington, D.C. 20549 | MISSION | OMB APF | PROVAL |
| Check this box if i Section 16. Form obligations may c Instruction 1(b). | | | Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | ERSHIP | OMB Number: Estimated average hours per response | |
| 1. Name and Addres | 1 0 | on [*] | 2. Issuer Name and Ticker or Trading Symbol <u>Mersana Therapeutics, Inc.</u> [MRSN] | 5. Relationship of F (Check all applicat | , |) to Issuer 0% Owner |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024 | Officer (gi below) | | other (specify elow) |
| C/O MERSANA 840 MEMORIAI | | CS, INC. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | nt/Group Filing (Che d by One Reporting | |
| (Street) CAMBRIDGE | МА | 02139 | | Form filed Person | d by More than One | Reporting |
| | | 02137 | Rule 10b5-1(c) Transaction Indication | | | |
| (City) | (State) | (Zip) | Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst | | r written plan that is in | itended to |
| | | able I - Non-Deriva | ative Securities Acquired, Disposed of, or Benefi | cially Owned | | |

| | | - | | - | | | | | | |
|---------------------------------|--|---|------------------------------|---|--------------------------------------|---------------|-------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |

| | | - | Table II - Deriv (e.g., | | | | | uired, Dis s, options, | | | | Owned | | | |
|---|---|--|---|------------------------------|---|---|-------------------------------|--|--------------------|--|--|---|--|--|--|
| 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. Transa Code (8) | | 5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and | ve es ed ed nstr. | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title an of Securit Underlyin Derivative (Instr. 3 an | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$2.26 | 06/11/2024 | | A | | 55,000 | | (1) | 06/10/2034 | Common Stock | 55,000 | \$0 | 55,000 | D | |

Explanation of Responses:

1. The award will vest in full on the earlier of the first anniversary of the date of grant or the date of the 2025 Annual Meeting of Stockholders of the Issuer, subject to the Reporting Person's continuous service with the Issuer on such vesting date.

| Attorney-in-Fact | <u>/s/ Alejan</u> | dra Ca | <u>rvajal</u> | , |
|------------------|-------------------|--------|---------------|---|
| | Attorney- | in-Fac | t | |

06/12/2024

** Signature of Reporting Person Date

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.