FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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hours per response:

0.5

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

Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Bala Mohan				2. Issuer Name and Ticker or Trading Symbol Mersana Therapeutics, Inc. [MRSN]									(Ch	eck all a Dir	tionship of Report all applicable) Director Officer (give title			10% O			
	,	HERAPEUTICS,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/25/2024										officer (give title Other (specify below) SVP, Chief Development Officer					
(Street) CAMBR (City)			02139 (Zip)		4. 11	f Ame	endme	nt, Date	e of O	Original F	iled	(Month/D	ay/Ye	ear)	Lin	e) Fo	rm fi	led by One led by Mor	e Repo	g (Check Ap orting Perso n One Repo	n
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Trans Date (Month/				2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)							Form: Dire y (D) or Indi		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	V	Amount		(A) or (D)	Price	Tran	Transaction(s) (Instr. 3 and 4)				(111501. 4)		
Common Stock 10/2			10/2	5/202	/2024			M ⁽¹⁾		6,250		A	\$0		56,615			D			
Common Stock 10/2			10/2	3/202	/2024			S ⁽²⁾		1,884 D		\$1.9	9 54,731		731		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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any					ansaction of E ode (Instr. Derivative (I			Exp	6. Date Exercisable and Expiration Date (Month/Day/Year) T. Title and Amount of Securities Underlying Derivative Securities (Instr. 3 and 4)				4)		erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	te ercisable		xpiration ate	Title	O N O	umber						

Explanation of Responses:

(3)

Restricted

Stock Unit

1. Represents shares of common stock received upon vesting of the restricted stock units ("RSUs") awarded to the Reporting Person on October 25, 2021.

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2. Represents the sale of shares of common stock to satisfy the Reporting Person's tax withholding obligations in connection with the service-based vesting and settlement of the RSUs pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 10, 2023. The sale was effected through an automatic "sell to cover" transaction that did not represent a discretionary trade by the Reporting Person.

(4)

3. Each RSU represents the contingent right to receive one share of common stock of the Issuer.

10/25/2024

4. 6,250 RSUs vested on October 25, 2024, and the remainder will vest on October 25, 2025, subject to the Reporting Person's continued service to the Issuer on such vesting date

6.250

/s/ Alejandra Carvajal, 10/29/2024 Attorney-in-Fact

\$0

6.250

** Signature of Reporting Person Date

6,250

Commo

Stock

(4)

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.