FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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<i>N</i> ashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
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Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Dere Willard H						2. Issuer Name <b>and</b> Ticker or Trading Symbol Mersana Therapeutics, Inc. [ MRSN ]									eck all applic	r		10% Ow	ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023									Officer below)	(give title		Other (s below)	pecify	
C/O MERSANA THERAPEUTICS, INC. 840 MEMORIAL DRIVE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street)	IDGE M	IΑ	02139			Form filed by More than One Reporting Person													rting	
(City)	(City) (State) (Zip)					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.														
		Tab	le I - Noi	n-Deriv	ative	Sec	curities	s Ac	quired, I	Dis	posed c	of, or B	ene	ficial	ly Owned	ı				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Exec ay/Year) if any		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a			Benefici	es Formally (D) (Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		Price	Transaci (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 06/08/2				3/2023				A		14,467			\$0	17,	17,842		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)	2. Conversion or Exercise Price of Derivative Security	Date Ex (Month/Day/Year) if	Execution if any	Execution Date, f any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	umber						
Stock Option (right to buy)	\$8.64	06/08/2023			A		18,355		(2)	0	6/07/2033	Common Stock	18	3,355	\$0	18,355		D		

## **Explanation of Responses:**

- 1. Represents a restricted stock unit ("RSU") award. Each RSU represents the contingent right to receive one share of Common Stock of the Issuer.
- 2. The award will vest in full on the earlier of the first anniversary of the date of grant or the date of the 2024 Annual Meeting of Stockholders of the Issuer, subject to the Reporting Person's continuous service with the Issuer on such vesting date.

/s/ Alejandra Carvajal, Attorney-in-Fact

06/12/2023

\*\* 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.