FORM 4

UNITE

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

D S	STATES	SECURIT	TES AND	EXCHANGE	COMMISSIO
$\boldsymbol{\nu}$	JIAIES	SECURII	IES AND	EXCHANGE	COMMISSIO

OMB APPROVAL							
OMB Number:	3235-0287						

0.5

Estimated average burden

hours per response:

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

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.

1. Name and Address of Reporting Person* <u>Alleva Lawrence M</u>				2. Issuer Name and Ticker or Trading Symbol Mersana Therapeutics, Inc. [MRSN]							(Ch	eck all applic Directo	able) r	Person(s) to Is:	wner		
(Last) (First) (Middle) C/O MERSANA THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Officer below)	(give title	Other below)	specify	
840 MEMORIAL DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) CAMBRIDGE MA 02139											Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F	s F ally (ollowing (i. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of ndirect Beneficial Dwnership					
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
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	e (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	ansact ode (In		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercise Expiration Date (Month/Day/Yea		e Amount ar) Securitie Underlyi Derivativ		. Title and amount of ecurities Inderlying lerivative Security nstr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Co	ode \	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (right to buy)	\$1.83	10/01/2024		1	A		9,615 ⁽¹⁾		(2)		09/30/2034	Common Stock	9,615	\$0	9,615	D	

Explanation of Responses:

- 1. This stock option was granted in connection with the Reporting Person's election to receive the Reporting Person's quarterly retainer for director services in the form of stock options rather than cash. The options 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 \$14,750 for the quarter ended September 30, 2024.
- 2. Fully vested as of the date of grant.

/s/ Alejandra Carvajal, 10/03/2024 Attorney-in-Fact

** 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.