FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington. | D.C. | 20549 | |
|-------------|------|-------|--|

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|----------------------------------------------|
|----------------------------------------------|

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | 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).

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* Schroeder Thilo | | | | | | | | | | | | | (Chec | Relationship of Reporting (Check all applicable) X Director | | | 10% Owner | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------|-------------------------------------------------------------|-----------------------------|------|----------------------------------------------------------------|------------------------------------|----------------------------|--------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| (Last) (First) (Middle) C/O SILVERBACK THERAPEUTICS, INC. 500 FAIRVIEW AVENUE N, SUITE 600 | | | | 1 | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2020 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) SEATTL | E V | /A | 98109 | | _ 4 | 1. If Am | endn | nent, Date o | of Original Filed (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reportin | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| 1 Title of 9 | Security (Incl | | able I - No | 1 | rivat | | | rities Ac | quired, | Dis | 1 | | | | Owned 5. Amount | of | 6 Owr | nership | 7. Nature of |
| Da | | Date (Month/Day/Yea | | Execution Date, | | Transaction Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | and 5) Securities Beneficial Owned Fo | | Form: Direct (D) or Indirect (I) (Instr. 4) | | Indirect Beneficial Ownership | | | |
| | | | | | | | | v | Amount (A) o | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | | 12/ | !/08/2020 | | | | p(1) | | 238,096 | | A | \$21 | 238,096 | | I N | | By Nextech VI Oncology SCSp ⁽²⁾ | |
| Common Stock | | | 12/ | /08/2020 | | | | С | | 1,246,870 ⁽³⁾ A | | (3) | 1,484,966 | | I I | | By Nextech VI Oncology SCSp ⁽²⁾ | | |
| Common Stock | | | 12/ | 2/08/2020 | | | | C 425,0€ | | i3 ⁽³⁾ | A | (3) | (3) 1,910 | | | I | By Nextech VI Oncology SCSp ⁽²⁾ | | |
| | | | Table II - | | | | | | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | te, | 4. | action Derivative Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | able and | 1 | | nount of lerlying urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | re es ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Nu | ount or mber of ares | | Transact (Instr. 4) | tion(s) | | |
| Series B Preferred Stock | (3) | 12/08/2020 | | | С | | | 4,629,630 | (3) | | (3) | Comm | | 246,870 | \$0.00 | 0 | | I | By Nextech VI Oncology SCSp ⁽²⁾ |
| Series C Preferred Stock | (3) | 12/08/2020 | | | С | | | 1,578,259 | (3) | | (3) | Comm | | 25,063 | \$0.00 | 0 | | I | By Nextech VI Oncology SCSp ⁽²⁾ |

Explanation of Responses:

- 1. The shares were purchased in the Issuer's initial public offering.
- 2. Nextech Invest AG is the investment advisor of Nextech VI Oncology SCSp ("Nextech VI"). The reporting person is a managing member at Nextech Invest AG and may therefore be deemed to be the beneficial owner of shares held by Nextech VI. The reporting person disclaims beneficial ownership of such shares, except to the extent of any pecuniary interest therein.
- 3. All outstanding shares of Preferred Stock automatically converted into shares of Common Stock immediately upon the closing of the Issuer's initial public offering, for no additional consideration at a rate of one share of Common Stock for each 3.713 shares of Preferred Stock, based on the conversion price currently in effect. The Preferred Stock has no expiration date.

Remarks:

/s/ Jeffrey C. Pepe, Attorney-in-

12/08/2020

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.