FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | .C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Piazza Jonathan | | | | 2. Issuer Name and Ticker or Trading Symbol Silverback Therapeutics, Inc. [SBTX] | | | | | | | (Che | ck all applic | able) | ing Person(s) to I | | | | | |
|--|--|------------|-------|--|--|---|----------------------------------|----------------------------------|---|----|---|-----------------|---|---|---|-----------------------------------|--|--|--|
| (Last) (First) (Middle) C/O SILVERBACK THERAPEUTICS, INC. 500 FAIRVIEW AVENUE N, SUITE 600 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2020 | | | | | | | X | below) | hief Fina | ncial | below) | | | | |
| (Street) SEATTL (City) | E W | 'A | 98109 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (Oity) | (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) | | | | | 2A. Deemed Execution Date, | | 3. Transact Code (In 8) | ion | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | ed (A) tr. 3, 4 | or | 5. Amour Securitie Beneficia | int of es Forr (D) of (I) (I of tion(s) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (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) | perivative Conversion Date Execution Date, Cecurity or Exercise (Month/Day/Year) if any | | | | ansaction of | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amo or Num of Shar | nber | | | | | |
| Stock Option (right to buy) | \$21 | 12/03/2020 | | | A | | 74,730 | | (1) | 12 | 2/02/2030 | Common Stock | 74, | 730 | \$0.00 | 74,730 |) | D | |

Explanation of Responses:

1. The shares subject to the option vest in equal monthly installments over the 48 months following December 3, 2020.

Remarks:

/s/ Jeffrey C. Pepe, Attorney-in-12/03/2020

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).