FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington	DC 2	20549	

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
In atmost and 40

1. Name and Address of Reporting Person* PATTERSON LEONE D				2. Issuer Name and Ticker or Trading Symbol Zymeworks Inc. [ZYME]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													Director		10% Ow			
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							Officerbelow)	(give title		Other (s below)	pecify		
C/O ZYMEWORKS INC.				01/10/2025							EVP, Chief Bus & Fin Officer							
108 PATRIOT DRIVE, SUITE A				A MANAGEMENT DATE OF CONTROL FOR A MANAGEMENT DATE.							0.1	6 Individual or Isiat/Croup Filips (Objets Applicable						
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MIDDLETOWN DE 19709											Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(Si	tate)	(Zip)			Person							1					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transac Date Month/Da	Execution Date,		Date,	Code (Instr. 5)			ed (A) or tr. 3, 4 and	Benefici Owned F	ies For cially (D) Following (I) (rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amo	unt	(A) or (D)		Reporte Transac (Instr. 3	ction(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Pate, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	de V	(A)	(D)	Date Exercisable	Expirat Date		Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$13.22	01/10/2025		Α		79,000		(1)	01/09/2	035	Common Stock	79,000	\$0	79,00	0	D		
Restricted Stock Unit	(2)	01/10/2025		A		53,000		(3)	(3)		Common Stock	53,000	\$0	53,00	0	D		

Explanation of Responses:

- 1. Stock options vest as follows: (i) 25% of underlying shares of common stock on first anniversary of grant date and (ii) remainder of underlying shares of common stock in 36 equal monthly installments on last day of month following first anniversary of grant date.
- 2. Each restricted stock unit ("RSU") represents the contingent right to receive, upon vesting of the RSU, one share of Issuer's common stock.
- 3. RSUs vest in three equal annual installments beginning on first anniversary of grant date.

/s/ Daniel Dex, Attorney-in-

01/10/2025

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.