

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* <u>MPM Oncology Impact Management GP LLC</u> _____ (Last) (First) (Middle) C/O MPM CAPITAL 450 KENDALL STREET _____ (Street) CAMBRIDGE MA 02142 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/25/2017	3. Issuer Name and Ticker or Trading Symbol <u>Spring Bank Pharmaceuticals, Inc. [SBPH]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	833,839	I	See footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Warrant (right to buy)	05/24/2017 ⁽²⁾	11/23/2021	Common Stock 603,070	10.79	I	See footnote ⁽¹⁾

1. Name and Address of Reporting Person* <u>MPM Oncology Impact Management GP LLC</u> _____ (Last) (First) (Middle) C/O MPM CAPITAL 450 KENDALL STREET _____ (Street) CAMBRIDGE MA 02142 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>MPM Oncology Impact Management LP</u> _____ (Last) (First) (Middle) 450 KENDALL STREET _____ (Street) CAMBRIDGE MA 02142 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person*		
Oncology Impact Fund (Cayman) Management L.P.		
(Last)	(First)	(Middle)
450 KENDALL STREET		
(Street)		
CAMBRIDGE	MA	02142
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
UBS Oncology Impact Fund L.P.		
(Last)	(First)	(Middle)
450 KENDALL STREET		
(Street)		
CAMBRIDGE	MA	02142
(City)	(State)	(Zip)

Explanation of Responses:

1. MPM Oncology Impact Management GP LLC ("MPM GP") is the general partner of MPM Oncology Impact Management LP ("MPM Management"), which is the general partner of Oncology Impact Fund (Cayman) Management L.P. ("MPM Cayman"), which is the general partner of UBS Oncology Impact Fund L.P. ("UBS Oncology"). The reported securities are owned indirectly by MPM GP, MPM Management and MPM Cayman, and are owned directly by UBS Oncology. Ansbert Gadicke is the sole member of MPM GP. However, all voting and investment decisions are made by an investment committee comprised of three or more members, including Ansbert Gadicke. Each member of the investment committee expressly disclaims beneficial ownership of the reported securities.
2. The warrant was issued on November 23, 2016 but did not become exercisable until May 24, 2017.

[/s/ Ansbert Gadicke,](#)
[Managing Member - MPM GP](#) 02/06/2018

[/s/ Ansbert Gadicke,](#)
[Managing Member - MPM](#) 02/06/2018
[Management](#)

[/s/ Ansbert Gadicke,](#)
[Managing Member - MPM](#) 02/06/2018
[Cayman](#)

[/s/ Ansbert Gadicke,](#)
[Managing Member - UBS](#) 02/06/2018
[Oncology](#)

** 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 5 (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.