FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 * LALANDE KEVIN M.			2. Issuer Name and Ticker or Trading Symbol Molecular Templates, Inc. [MTEM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
C/O SAN SUITE 2	TE VEN	(First) ΓURES, 300 W		3. Date of Earliest Transaction (Month/Day/Year) 10/09/2017				Officer (giv	e title below)	Otl	er (specify below)				
AUSTIN	I, TX 7870	(Street)		4. If Ame	endment,	Date O	riginal File	ed(Month/l	Day/Year)		Form filed by	One Reporting		Applicable Line)	1
(Cit	y)	(State)	(Zip)			Table	I - Non-I	Derivativ	ve Securitie	es Acquire	d, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	str. 3) Date		2. Transaction Date (Month/Day/Year)	Executi any	Deemed ecution Date, if y (onth/Day/Year)		ansaction e r. 8)	(A) or Disposed of		of (D) Owned Foll Transaction				Ownership of Form:	. Nature of Indirect Beneficial Ownership
				(WIOIIII)	Day/ I Ca		ode V	Amou	(A) or (D)	Price	(I)		or Indirect (I	nstr. 4)	
Reminder:							Pers	sons w	ho respon	d to the o	collection of	of informat	tion contai	ned SEC 14	174 (9-02)
Reminder:			Table II -				in the disp	nis form plays a pisposed	n are not recurrently of, or Bene	equired to valid OMI eficially O	o respond B control r	unless the		ned SEC 14	174 (9-02)
1. Title of	•		Table II - 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	ts, calls, 5. N of E Sector Acquery of (I	warran umber verivativarities uired (Arisposed D) er. 3, 4,	quired, Date 6. Date Expirat (Month	nis form plays a pisposed s, conver	n are not recurrently of, or Beneratible securrently able and	equired to valid OMI eficially Ovities)	o respond B control r wned and Amount ying	unless the number.		of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Naturo of Indire Beneficiro Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls, station of E Section of C Acquired or E of (I (Ins	warran umber verivativarities uired (Aisposed D) (r. 3, 4, 5)	quired, Date Exercis	isposed s, conver Exercise ion Date //Day/Ye	of, or Beneritible securable and earr)	equired to valid OMI eficially Ovities) 7. Title ar of Underl Securities	o respond B control r wned and Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LALANDE KEVIN M. C/O SANTE VENTURES 300 W 6TH STREET, SUITE 2300 AUSTIN, TX 78701	X	X				

Signatures

/s/ Jason S. Kim, Attorney-in-fact	10/11/2017
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The Reporting Person is a Managing Member of SHVMS, LLC ("SHVMS") and is obligated to transfer any shares issued under equity grants made to him by the Issuer, or the economic benefits thereof, to SHVMS.

(2) 50% of the total number of shares subject to the option shall vest on each of October 9, 2018 and October 9, 2019.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.