6-K Â Â UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Â Â FORM 6-K Â Â Report ofForeign Private Issuer Pursuant to Rule 13a-16 or15d-16 of the Securities Exchange Act of 1934 For the month of December, 2024 Commission File Number: 001-36619Â Â Affimed N.V. Â Â Gottlieb-Daimler-StraÃŸe 2, 68165 Mannheim Germany (Address of principal executive offices) Â Â Indicate by check mark whetherthe registrant files or will file annual reports under cover of Form 20-F or Form 40-Fâ˜’â€,Form 20-Fâ€ƒâ€ƒâ˜â€,Form40-F Indicate by check mark if the registrant is submitting the Form 6-Kin paper as permitted by Regulation S-T Rule 101(b)(1):â€,â˜ Indicate by check mark if the registrant issubmitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7):â€,â˜ Â Â Â Affimed N.V. Affimed N.V. (Nasdaq: AFMD) (â€œAffimedâ€, or the â€œCompanyâ€) today announced updated clinical data from the ongoing AFM24-102 trial of AFM24/atezolizumab combination therapy in heavily pretreatedÂ non-smallÂ cell lung cancer (â€œNSCLCâ€) patients. NSCLC EGFR Wild-type Cohort Update Patient population: As of the NovemberÂ 14, 2024 data cut, there were 43 patients in the full analysis set (FAS) and 33 patients in the per protocolset (PPS), defined as having one post baseline scan according to RECIST. Reasons for non-evaluability were early symptomatic deterioration (6), non-related AEs (2), tooearly (2). Patients had a median of 2 prior lines of therapy (range: 1â€“7). All patients had received platinum-based combinations and PD(L) 1 targeting checkpoint inhibitors (CPIs), and two-thirds hadreceived taxanes. Importantly, all but one patient discontinued their previous CPI because of progression. Safety: The AFM24 and atezolizumabcombination therapy was well tolerated with no unexpected safety findings. Infusion related reactions (IRRs) were the most common adverse event (AE) reported, in 54% of patients; IRRs were manageable, mostly present during the first infusion, andfully resolved. Elevations of alanine aminotransferase (ALT) and aspartate aminotransferase (AST), a known side effect of atezolizumab, were reported in 21% and 16% of patients respectively. Anti-tumor activity and durability (N=33, PPS): The combination demonstrated an ORR of 21% (7 responses: 1 complete response (CR), 5 partial responses(PR) and 1 additional not yet confirmed PR), tumor shrinkage in 48% of patients (16/33 patients) and a DCR of 76%. In the 7 responders, 5 had never achieved an objective response on prior CPIs and only 2 patients had a PR on previous CPI containingtreatment (both to a triplet of platinum, pemetrexed and CPI). The preliminary median PFS is 5.6 months, and 36% of patients are currently on treatment. NSCLC EGFR Mutant Cohort Update Patient population: As of the NovemberÂ 14, 2024 data cut, 28 patients were in the FAS (reasons fornon-evaluability at the cut-off were: ongoing with no scan yet 5, early deterioration 4, non-related AEs 2), with updated resultspresented for the first 17 patients in the PPS. All patients had received prior epidermal growth factor receptor (â€œEGFRâ€) specific TKI therapy, and 77% had received platinum-based chemotherapy. Anti-tumor activity and durability (N=17, PPS): AFM24 combined with atezolizumab showed promising activity in refractory NSCLC EGFR mutantpatients achieving an ORR of 24% (4 confirmed responses: 1 CR, 3 PRs), a DCR of 71% and tumor shrinkage in 41% of patients. With a median follow-up of 9 months, the median PFS was 5.6 months. Five (29%)patients are on treatment for over 10 months, demonstrating long term tumor control. Post-HocExposure-Response Analysis Analysis process: A post-hoc exposure-response analysis was conductedincluding NSCLC EGFR-wildtype and EGFR mutant subjects (n= 44) treated with 480 mg AFM24 in both the AFM24-101 monotherapy study or the AFM24-102 AFM24combination with atezolizumab study. Low and high exposure groups were calculated using a median cut-point of patient`s mean trough values. Safety, anti-tumor activity and durability: Baseline characteristics were balanced between the high and low exposure groups and there were nodifferences in body mass index or percentage of administered dose that would explain differences in exposure. The high exposure group showed an ORR of 46% and a PFS of 7.4. A sensitivity analysis using quartiles of exposure supported a clearrelationship between exposure and outcome indicating that higher doses of AFM24 will likely result in improved efficacy. The PK profile of 720 mg AFM24 weekly, as tested successfully in the phase 1 trial and further pharmacokinetic modellingindicate that 720Â mg will achieve exposure levels that are equal or above the plasma concentrations observed for the high exposure group. Cashrunway into Q4 2025: The Company is projected to end Q4 2024 with approximately â‚¬15Â million and cash runway projected into Q4 2025. This report on Form 6-K (this â€œReportâ€) shall be deemed to be incorporated by reference intothe registration statements on FormÂ F-3 (Registration NumberÂ 333-282978), FormÂ S-8 (Registration NumberÂ 333-198812) and FormÂ S-8 (Registration NumberÂ 333-270798) of Affimed N.V. and to be a part thereof from the dateon which this report is filed, to the extent not superseded by documents or reports subsequently filed or furnished. A copy of the pressrelease is attached hereto as Exhibit 99.1 and is being furnished and shall not be deemed filed or incorporated by reference into any other filing under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended,except as expressly set forth by specific reference in such a filing. FORWARD-LOOKING STATEMENTS This report contains forward-looking statements. All statements other than statements of historical fact are forward-looking statements, whichare often indicated by terms such as â€œanticipate,â€ â€œbelieve,â€ â€œcould,â€ â€œestimate,â€ â€œexpect,â€ â€œgoal,â€ â€œintend,â€ â€œlook forward to,â€ â€œmay,â€ â€œplan,â€â€œpotential,â€ â€œpredict,â€ â€œproject,â€ â€œshould,â€ â€œwill,â€ â€œwouldâ€ and similar expressions. Forward-looking statements appear in a number of places throughout this release and include statementsregarding the Companyâ€™s intentions, beliefs, projections, outlook, analyses and current expectations concerning, among other things, the potential of acimtamig (AFM13), AFM24, AFM28 and the Companyâ€™s other product candidates, the value ofits ROCKÂ® platform, its ongoing and planned preclinical development and clinical trials, its collaborations and development of its products in combination with other therapies, the timing ofand its ability to make regulatory filings and obtain and maintain regulatory approvals for its product candidates, its intellectual property position, its collaboration activities, its ability to develop commercial functions, clinical trial data,its results of operations, cash needs, financial condition, liquidity, prospects, future transactions, growth and strategies, the industry in which it operates, the macroeconomic trends that may affect the industry or the Company, such as theinstability in the banking sector experienced in the first quarter of 2023, impacts of the COVID-19 pandemic, the benefits to Affimed of orphan drug designation, the impact on its business by political events,war, terrorism, business interruptions and other geopolitical events and uncertainties, such as the Russia-Ukraine conflict, the fact that the current clinical data of acimtamig in combination with NK cell therapy is based on acimtamig precomplexedwith fresh allogeneic cord blood-derived NK cells from The University of Texas MD Anderson Cancer Center, as opposed to Artivaâ€™s AB-101, and other uncertainties and factors described under the headingâ€œRisk Factorsâ€ in Affimedâ€™s filings with the SEC. Given these risks, uncertainties, and other factors, you should not place undue reliance on these forward-looking statements, and the Company assumes no obligation to update theseforward-looking statements, even if new information becomes available in the future. SIGNATURES Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf bythe undersigned, thereunto duly authorized. Â Â Â Â AFFIMED N.V. Date: DecemberÂ 17,

2024 Â Â Â By: Â /s/ Shawn Leland Â Â Â Name: Â Shawn Leland Â Â Â Title: Â Chief Executive Officer Â Â Â By: Â /s/ Denise Mueller Â Â Â Name: Â Denise Mueller Â Â Â Title: Â Chief Business Officer EXHIBIT INDEX Â Exhibit Â Â Description of Exhibit 99.1 Â Â Affimed N.V. Press Release dated DecemberÂ 17, 2024. EX-99.1 Exhibit 99.1 Â PRESS RELEASE Affimed Reports Positive Clinical Update on AFM24/Atezolizumab Combination Therapy in Non-Small Cell Lung Cancer (NSCLC) Â Â â€¢ Â In 33 heavily pretreated NSCLC EGFR wild-type (EGFRwt) patients the combination of AFM24 andatezolizumab shows an overall response rate (ORR) of 21% (6 confirmed responses, 1 response awaiting confirmatory scan) and a disease control rate (DCR) of 76%; tumor shrinkage was observed in 48% of patients; preliminary median progression freesurvival (PFS) is 5.6 months and 36% of patients remain on treatment Â Â â€¢ Â In 17 heavily pretreated NSCLC EGFR mutant (EGFRmut) patients the combination shows an ORR of 24%and a DCR of 71%; tumor shrinkage was observed in 41% of patients; median PFS is 5.6 months and 5 patients (29%) are on treatment for over 10 months Â Â â€¢ Â Both cohorts demonstrated a well-manageable side effect profile with no new safety signals identified Â Â â€¢ Â A post hoc analysis demonstrated that patients who achieve higher exposure of AFM24 had significantly higherresponse rates and improved PFS and survival compared to patients with lower exposure Â Â â€¢ Â Company to review results on a webcast today at 8:30 am EST / 14:30 CET MANNHEIM, Germany, DecemberÂ 17, 2024 â€“ Affimed N.V. (Nasdaq: AFMD) (â€œAffimedâ€, or the â€œCompanyâ€), aclinical-stage immuno-oncology company committed to giving patients back their innate ability to fight cancer, today announced updated clinical data from the ongoing AFM24-102 trial of AFM24/atezolizumabcombination therapy in heavily pretreated NSCLC patients. Results continue to demonstrate meaningful clinical activity in both NSCLC EGFRwt and EGFRmut patients with good tolerability. In addition, the Company reported findings from a post-hoc exposure-response analysis in patients treated with 480 mg AFM24 showing higher AFM24 exposure is associated with significantly better response rates, improved PFS and overall survival (OS). Based on thesedata, the future development program for AFM24 will use a dose of 720 mg weekly, a dose that has already been successfully tested in the phase 1 study of AFM24 showing a manageable safety profile. â€œWith the compelling data from both EGFR wild-type and mutant cohorts, along with the exposure-response analysis we are unlocking thepossibilities for the AFM24/atezolizumab combination in treating heavily pretreated NSCLC patients,â€ said Dr.Â Shawn Leland, PharmD, RPh, Chief Executive Officer of Affimed. â€œThese findings highlight our opportunity to further refineand advance this treatment with a clear focus on patients who stand to benefit the most. We are excited about the path ahead and are committed to exploring innovative strategies to bring this promising therapy to those in need.â€ NSCLC EGFR Wild-type Cohort Update Patient population: As of the NovemberÂ 14, 2024 data cut, there were 43 patients in the full analysis set (FAS) and 33 patients in the per protocolset (PPS), defined as having one post baseline scan according to RECIST. Reasons for non-evaluability were early symptomatic deterioration (6), non-related AEs (2), too early (2). Patients had a median of 2prior lines of therapy (range: 1â€“7). All patients had received platinum-based combinations and PD(L) 1 targeting checkpoint inhibitors (CPIs), and two-thirds had received taxanes. Importantly, all but onepatient discontinued their previous CPI because of progression. Safety: The AFM24 and atezolizumab combination therapy was well tolerated with nounexpected safety findings. Infusion related reactions (IRRs) were the most common adverse event (AE) reported, in 54% of patients; IRRs were manageable, mostly present during the first infusion, and fully resolved. Elevations of alanineaminotransferase (ALT) and aspartate aminotransferase (AST), a known side effect of atezolizumab, were reported in 21% and 16% of patients respectively. Anti-tumor activity and durability (N=33, PPS): The combination demonstrated an ORR of 21% (7 responses: 1 complete response (CR), 5 partial responses(PR) and 1 additional not yet confirmed PR), tumor shrinkage in 48% of patients (16/33 patients) and a DCR of 76%. In the 7 responders, 5 had never achieved an objective response on prior CPIs and only 2 patients had a PR on previous CPI containingtreatment (both to a triplet of platinum, pemetrexed and CPI). The preliminary median PFS is 5.6 months, and 36% of patients are currently on treatment. 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The PK profile of 720 mg AFM24 weekly, as tested successfully in the phase 1 trial and further pharmacokinetic modellingindicate that 720 mg will achieve exposure levels that are equal or above the plasma concentrations observed for the high exposure group. â€œAdvanced-stage NSCLC remains one of the most challenging cancers to treat, and our findings bring new hope,â€ said Dr.Â Andreas Harstrick, MD,Chief Medical Officer of Affimed. â€œWe see compelling efficacy results with the AFM24/atezolizumab combination in heavily pretreated NSCLC patients, independent from the mutational status. The results are remarkable as we achieve this with apurely immunotherapy-based approach in patients that are often not able or not willing to take additional toxic therapies. The insights in the relation of exposure and efficacy will allow us to further improve on the efficacy and provide a clearpath forward as we strive to unlock new possibilities for EGFR NSCLC patients.â€ About AFM24 AFM24 is a tetravalent, bispecific ICEÂ® that activates the innate immune system by binding to CD16A oninnate immune cells and epidermal growth factor receptors (EGFR), a protein widely expressed on solid tumors, to kill cancer cells. Generated by Affimedâ€™sfit-for-purpose ROCKÂ® platform, AFM24 represents a distinctive mechanism of action that uses EGFR as a dockingsite to engage innate immune cells for tumor cell killing through antibody-dependent cellular cytotoxicity and antibody-dependent cellular phagocytosis.About Affimed N.V. Affimed (Nasdaq: AFMD) is aclinical-stage immuno-oncology company committed to giving patients back their innate ability to fight cancer by actualizing the untapped potential of the innate immune system. The Companyâ€™s innate cell engagers (ICEÂ®) enable a tumor-targeted approach to recognize and kill a range of hematologic and solid tumors. ICEÂ® are generated on the Companyâ€™sproprietary ROCKÂ® platform which predictably generates customized

molecules that leverage the power of innate immune cells to destroy tumor cells. A number of ICEÂ® molecules are in clinical development, being studied as mono- or combination therapy. Headquartered in Mannheim, Germany, Affimed is led by an experienced team of biotechnology and pharmaceuticalleaders united by the bold vision to stop cancer from ever derailing patientsâ€™ lives. For more about the Companyâ€™s people, pipeline and partners, please visit: www.affimed.com. Forward-Looking Statements This press release containsforward-looking statements. All statements other than statements of historical fact are forward-looking statements, which are often indicated by terms such as â€œanticipate,â€ â€œbelieve,â€ â€œcould,â€ â€œestimate,â€â€œexpect,â€ â€œgoal,â€ â€œintend,â€ â€œlook forward to,â€ â€œmay,â€ â€œplan,â€ â€œpotential,â€ â€œpredict,â€ â€œproject,â€ â€œshould,â€ â€œwill,â€ â€œwouldâ€ andsimilar expressions. Forward-looking statements appear in a number of places throughout this release and include statements regarding the Companyâ€™s intentions, beliefs, projections, outlook, analyses and current expectations concerning, amongother things, the potential of acimtamig (AFM13), AFM24, AFM28 and the Companyâ€™s other product candidates; the value of its ROCKÂ® platform; its ongoing and planned preclinical developmentand clinical trials; its collaborations and development of its products in combination with other therapies; the timing of and its ability to make regulatory filings and obtain and maintain regulatory approvals for its product candidates; itsintellectual property position; its collaboration activities; its ability to develop commercial functions; clinical trial data; its results of operations, cash needs, financial condition, liquidity, prospects, future transactions, growth andstrategies; the industry in which it operates; the macroeconomic trends that may affect the industry or the Company, such as the instability in the banking sector experienced in the first quarter of 2023; impacts of the COVID-19 pandemic, the benefits to Affimed of orphan drug designation; the impact on its business by political events, war, terrorism, business interruptions and other geopolitical events and uncertainties, such asthe Russia-Ukraine conflict; the fact that the current clinical data of acimtamig in combination with NK cell therapy is based on acimtamig precomplexed with fresh allogeneic cord blood-derived NK cells from The University of Texas MD AndersonCancer Center, as opposed to Artivaâ€™s AB-101; and other uncertainties and factors described under the heading â€œRisk Factorsâ€ in Affimedâ€™s filings withthe SEC. Given these risks, uncertainties, and other factors, you should not place undue reliance on these forward-looking statements, and the Company assumes no obligation to update these forward-looking statements, even if new information becomesavailable in the future. Affimed Investor Relations Contact Alexander Fudukidis Director, Investor Relations E-Mail: a.fudukidis@affimed.com Tel.: +1 (917) 436-8102 Affimed Media Contact Mary Beth Sandin Vice President, Marketing and Communications E-Mail: m.sandin@affimed.com