## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL
	OMB Number:	3235-0287
	Estimated average bure	den
ı	hours nor resnance.	0.5

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*     Koenig Scott						2. Issuer Name <b>and</b> Ticker or Trading Symbol MACROGENICS INC [ MGNX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/17/2017									X Officer (give title below)			Othe belov	r (specify		
9704 MEDICAL CENTER DRIVE															President and CEO						
(Street) ROCKVILLE MD 20850						Line)										oint/Group Filing (Check Applicable ed by One Reporting Person					
(City)	(City) (State) (Zip)				-	Form filed by More t Person												•			
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties Acc	quired	l, Dis	sposed o	f, or Be	nefici	ally O	wned						
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( 8)		4. Securitie Disposed C 5)			and Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3					(Instr. 4)			
Common	Stock			01/17/2017					M		79,898	A	\$0.9	)4	133,163		D				
Common Stock														703,413		I		Owned jointly with reporting person's wife.			
Common Stock														167,782		I		By Scott Koenig Family Irrevocable Trust			
		7	Table II								osed of,				ned				•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		•	Exerci	sable and te	7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	ber							
Employee stock option (right to buy)	\$0.94	01/17/2017			M			79,898	05/16/2	008	11/15/2017	Common Stock	79,89	98 \$	0.94	(	0				

**Explanation of Responses:** 

Remarks:

/s/Lynn Cilinski, Attorney-in-**Fact** 

01/18/2017

\*\* 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.