Instruction 1(b).

FORM 4

Check this box if no longer subject

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

vvasnington,	D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

to Section 16. Form 4 or Form 5 obligations may continue. See 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* Bonvini Ezio					2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [ MGNX ]									(Check all a Dir		ector		10% Ov	ner
(Last) 9704 ME	(Fi	rst) (MENTER DRIVE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/19/2024								X	belov	er (give title v) r VP, Rese	earch	Other (s below)	specify	
(Street) ROCKVILLE MD 20850				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person							
- TOCKY						Form f Persor							filed by More than One Reporting on			orting			
(City)	(St	ate) (Ž	Zip)		Rul	e 10	)b5-	1(c)	Tran	sact	tion Indi	catio	on						
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intensatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to									
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Executy/Year) if any		Deemed ecution Date, any onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			Securit Benefic Owned	Amount of ecurities eneficially wned Following		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) (D)	or P	rice	Report Transa (Instr. :	nsaction(s) etr. 3 and 4)			(Instr. 4)
Common Stock			01/19/2024 0		01	/19/2	024	s 13		13,316 <sup>(1</sup>	1) D S		\$12	87,984			D		
	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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Se (In	Price of privative ecurity (str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Director In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V (A)		(D)	Date Expiration Exercisable Date Titl		Title	Amou or Numb of Share	er									

## **Explanation of Responses:**

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 17, 2023.

## Remarks:

/s/ Lynn M. Cilinski, Attorney-in-fact

01/22/2024

\*\* 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.