FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					UI	Seci	1011 30(	ii) oi iiie	IIIVESIIII	ent Ct	ilipally Act	01 1940								
Name and Address of Reporting Person*     Peters Jeffrey Stuart						2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [ MGNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) 9704 MF	`	irst) ENTER DRIVE	(Middle)				of Earli 2024	est Tran	saction (	Month	/Day/Year)		X Officer (give titl below) Senior VP an			Other (s below) eral Couns	,,,,,			
(Street)		ID	20850		- 4. I	If Am	Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		X	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst									estruction 10.					
		Tak	ole I - No	n-Deri	vativ	e Se	curit	ies Ac	quirec	I, Dis	sposed o	of, or Be	neficia	ly Owned	l					
Date					Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		Benefic	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o (D)	r Price	Transac (Instr. 3	tion(s)			(111541. 4)		
Common Stock				03/0	06/2024				M		10,87	10,875 A		5 19	19,770		D			
Common Stock			03/0	/06/2024				M		8,750	8,750 A		15 28	28,520		D				
Common Stock 03			03/0	6/2024	/2024		S		19,625 <sup>(1)</sup> D		\$21.	5 8,	8,895		D					
			Table II -								osed of converti			/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.				6. Date Exercis Expiration Date (Month/Day/Yea		e of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Employee stock option (right to buy)	\$11.5	03/06/2024			М			10,875	(2)		02/20/2030	Common Stock	10,875	\$11.5	0		D			
Employee stock option (right to	\$10.15	03/06/2024			M			8,750	(2)		02/22/2032	Common Stock	8,750	\$10.15	39,375	5	D			

## **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 11/10/2022.
- 2. 12.5% of the shares underlying the grant become exercisable 6 months after the date of grant and an additional 6.25% of the shares underlying the grant become exercisable on the first day of each three-month period thereafter

## Remarks:

/s/ Lynn M. Cilinski, Attorneyin-fact

03/08/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.