FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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).

	tion 1(b).			File	ed purs	suant Secti	to Section on 30(h) o	n 16(a of the	a) of the Secu Investment (	irities Comp	s Exchan	ge Act of 1 of 1940	934		llouis	per res	sponse.	0.5
1. Name and Address of Reporting Person* Risser Eric Blasius					2. Issuer Name <b>and</b> Ticker or Trading Symbol MACROGENICS INC [ MGNX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) 9704 ME	`	irst) ENTER DRIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024							below)	(give title	ating	Other (s below)	pecify	
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ROCKV	ILLE M	ID	20850												led by More		orting Persor	
(City)	(S	tate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication												
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									to								
		Tab	le I - Nor	-Deriv	ative	e Se	curities	s Ac	quired, D	ispo	osed o	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Code (Instr.   5)				Beneficia Owned F	es Form ally (D) o following (I) (Ir		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	· .	Amount	(A) or (D) Price		Transact	Reported Fransaction(s) (Instr. 3 and 4)			(Instr. 4)		
	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)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year ce of rivative		ate, 1	Code (Insti		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex <sub>i</sub>	piration te	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$18.3	02/08/2024			A		90,000		(1)	02/	/08/2034	Common Stock	90,000	\$0	90,000	)	D	

## **Explanation of Responses:**

- 1. 12.5% of the shares underlying the grant became exercisable 6 months after the date of grant and an additional 6.25% of the shares underlying the grant became exercisable on the first day of each three-month period thereafter.
- 2. Each restricted stock unit (RSU) represents a contingent right to receive one share of the Issuer's common stock.
- 3. The RSUs will vest as to 33% of the total shares one year after the date of grant and 33% each year thereafter.

## Remarks:

Restricted

Stock Unit

/s/ Lynn M. Cilinski, Attorneyin-fact

33,500

Common Stock

\*\* Signature of Reporting Person Date

02/12/2024

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).

02/08/2024

\*\* 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.