FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person*  STUMP DAVID C                          |  |  |   |       |                               | 2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [ MGNX ] |        |  |   |          |                  |                 |  | Relationship<br>neck all app<br>X Direc               | icable)  | ,                                      |  |  |  |
|--|--|--|---|-------|-------------------------------|--|--------|--|---|----------|------------------|-----------------|--|---|--|--|--|--|--|
| (Last)   | `  | ,  | (Middle)  |       |                               | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020          |        |  |   |          |                  |                 |  | Officer (give title below)                            |  |  | Other (specify below)  |  |  |
| 9704 MEDICAL CENTER DRIVE  |  |  |   |       | 1                             | 4. If Amondment, Date of Original Filed (Month/Doubles)              |        |  |   |          |                  |                 |  | 6. Individual or Joint/Group Filing (Check Applicable |  |  |  |  |  |
| (Street)   | ROCKVILLE MD 20850   |  |   |       |                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)             |        |  |   |          |                  |                 | Lir                                    |   |  |  |  |  |  |
| (City)   | (5   | tate)                                      | (Zip)   |       |                               |  |        |  |   |          |                  |                 |  |   |  |  |  |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |   |       |                               |  |        |  |   |          |                  |                 |  |   |  |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                         |  |  |   |       |                               | Execution Date,  |        |  | 3.<br>Transact<br>Code (In<br>8)                          |          |                  |                 |  | Benefi  | es Formally (D) (Sollowing (I) (I  |  | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |  |  |   |       |                               |  |        |  | Code  | <b>v</b> | Amount           | (A) or<br>(D)   | Price                                  | Transa<br>(Instr. :                                   | tion(s)  |  |  |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |       |                               |  |        |  |   |          |                  |                 |  |   |  |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, | 4.<br>Transa<br>Code (1<br>8) |  | of E   |  | 6. Date Exercisabl<br>Expiration Date<br>(Month/Day/Year) |          | of Securities    |                 | ies<br>g<br>Security                   | 8. Price of Derivative Security (Instr. 5)            | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e Ov<br>S Fo<br>Illy Di<br>or<br>I (I) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  |   |       | Code                          | v  | (A)    |  | Date<br>Exercisable                                       |          | xpiration<br>ate | Title           | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |  |  |
| Stock<br>Option<br>(right to<br>buy)   | \$24.97  | 05/14/2020                                 |   |       | A                             |  | 15,000 |  | (1)   | 0        | 5/14/2030        | Common<br>Stock | 15,000                                 | \$0   | 15,00  | 00                                     | D  |  |  |

## **Explanation of Responses:**

1. The option will vest and become exercisable in monthly, cumulative 1/12th increments (rounded upwards to whole shares) beginning one month from the date of grant.

## Remarks:

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

05/15/2020

\*\* 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.