SEC Form 4	
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[ ]

Restricted

Stock Unit

**Remarks:** 

\$0<sup>(1)</sup>

into the Company's stock on a one-for-one basis.

Explanation of Responses:

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	burden								

0.5

hours per response

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* 2. Issuer Name and Ticker or Trading Symbol   Bonvini Ezio MACROGENICS INC [ MGNX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner																
(Last)		irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024						_ ;	below)	(give title VP, Rese	earch	Other (s below) & CSO	pecify							
(Street)					4. If Am	endm	ient, Date o	of Origina	al Filec	I (N	/lonth/Da	y/Ye	ar)	Line	,		0						
ROCKV	ILLE N	ſD	20850		_											led by Mor	•	rting Persor One Repor					
(City)	(5	State)	(Zip)		Rule	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.																						
		Tab	ole I - Nor	n-Deriv	vative Se	ecur	rities Ac	quirec	, Dis	po	osed o	f, o	r Bene	eficiall	y Owned								
Date			action 2A. Deemed Execution Date, if any (Month/Day/Year)		tion Date, Transaction Disposed Of (D) (Inst Code (Instr. 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership										
								Code	v	4	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)				
Common	Stock			02/1	5/2024	M 16,670 A <b>\$</b> 0 <sup>(1)</sup> 8			88	88,004		D											
Common Stock 02/15				5/2024			F		5,871 D		\$17.4	82,133			D								
		-	Table II -		ative Sec outs, cal										Owned								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)	ransaction of E ode (Instr. Derivative (		n of E Derivative (M Securities Acquired (A) or Disposed of (D) (Instr.		6. Date Exercisa Expiration Date (Month/Day/Yea				of Sec Under Deriva		7. Title and Amc of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e Ces F ally D g (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date

1. On February 15, 2023 the reporting person was granted 50,000 restricted stock units, 33% of which vested on February 15, 2024 and 33% of which will vest each year thereafter. Restricted stock units convert

Exercisable

(1)

Expiration

(1)

Title

in-fact

Commor

Stock

Date

or Number

Shares

16,670

/s/ Lynn M. Cilinski, Attorney-

\*\* Signature of Reporting Person

\$<mark>0</mark>

33,330

02/20/2024

Date

D

of

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

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

02/15/2024

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

ν

Code

Μ

(A) (D)

16,670

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.