SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | Pursuant to Section 16(a) of the Securities Exchange Act of 193- 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 <u>MACROGENICS INC</u> [MGNX] | 5. Rela (Check |

ΗP

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | rden |
| hours per response: | 0.5 |
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| 1. Name and Address of Reporting Person* Fust Matthew K | | | | 2. Issuer Name and Ticker or Trading Symbol <u>MACROGENICS INC</u> [MGNX] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|-------------|---------------|---------------------------------|--|---|---|--------|-------------|---------------|----------------------------|--|---|---|--|--|
| | <u>v ix</u> | | | | | | | | | | Director | 10% 0 | Dwner | | |
| (Last) | (First) | (Middle) | | 3. Date 05/18/ | of Earliest Transac 2017 | ction (M | onth/E | Day/Year) | | Officer (give title below) | Other below | (specify) | | | |
| 9704 MEDICA | L CENTER E | ORIVE | ļ | | | | | | | | | | | | |
| (Street) | | | | 4. If Am | nendment, Date of (| Original | Filed | (Month/Day/ | Year) | 6. Indi Line) | vidual or Joint/Grou | p Filing (Check A | pplicable | | |
| ROCKVILLE | MD | 20850 | | | | | | | | X | Form filed by On | e Reporting Pers | son | | |
| , | | | | | | | | | | | Form filed by Mo Person | re than One Rep | orting | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - Noi | n-Deriva | tive S | ecurities Acqu | uired, | Dis | posed of, | or Ben | eficially | Owned | | | | |
| Date | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | |
| | | | | | curities Acqui | | | , | | - | wned | * | 2 | | |
| | | | (e.g., pu | ts, cal | lls, warrants, o | optio | ıs, c | onvertible | e secur | ities) | | | | | |
| (| | | 1 | | | | | 1 | | | | | | | |

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|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-----------------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Derivati Securiti Acquire (A) or Dispose of (D) (II | erivative (Month/Day/Year) ecurities cquired) or | | e of Securities | | 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 | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$19.57 | 05/18/2017 | | A | | 10,000 | | (1) | 05/18/2027 | Common Stock | 10,000 | \$0 | 10,000 | 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:

| <u>/s/ Lynn Cilinski, Attorney-</u> | in- |
|-------------------------------------|-----|
| Fact | |

05/22/2017

** Signature of Reporting Person Date

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).

** 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.