| SEC Form 4 |  |
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## FORM 4

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

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).

## 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*<br>HURWITZ EDWARD |  |       |          | 2. Issuer Name and Ticker or Trading Symbol<br><u>MACROGENICS INC</u> [ MGNX ] |  |                                    |      |   |        | (Ch   | elationship<br>eck all appli<br>X Directo           | cable) | ,   |  |   |                   |            |  |
|--|--|-------|----------|--|--|------------------------------------|------|---|--------|---|---|--------|---|--|---|-------------------|------------|--|
| (Last)   | (F   | irst) | (Middle) |  | 3. Date of Earliest Transaction (Month/Day/Year)<br>05/31/2023 |                                    |      |   |        |   |   |        | Officer<br>below)   | (give title  |   | Other (<br>below) | specify    |  |
| 9704 MEDICAL CENTER DRIVE                                  |  |       |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                       |  |                                    |      |   |        | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |        |   |  |   |                   |            |  |
| (Street)   |  |       |          |  | 1  |                                    |      |   |        |   |   |        | X Form f  | iled by One  | e Repo  | orting Perso      | on         |  |
| ROCKVILLE MD 20850   |  |       |          |  |  |                                    |      |   |        |   |   |        | Form filed by More than One Reporting<br>Person                   |  |   |                   |            |  |
| (City)   | (S   | tate) | (Zip)    |  | 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. |       |          |  |  |                                    |      |   |        |   |   |        |   |  |   |                   |            |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |       |          |  |  |                                    |      |   |        |   |   |        |   |  |   |                   |            |  |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/E        |  |       |          | Execution Date,  |  | Code (Instr. 5)                    |      |   |        |   | Beneficially<br>Owned Following                     |        | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                   |            |  |
|  |  |       |          |  |  |                                    | Code | v   | Amount |   | (A) or<br>(D)                                       | Price  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                    |  | tion(s)   |                   | (Instr. 4) |  |
|  | 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)        | Derivative Conversion Date Execution Date Execution Date if any  |       | Date,    | 4.<br>Transactior<br>Code (Instr<br>8)   |  | 6. Date E<br>Expiratio<br>(Month/D |      | e and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |        |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |        |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |                   |            |  |

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

19,000

4,500

2. Each restricted stock unit (RSU) represents a contingent right to receive one share of the Issuer's Common Stock. The RSU grant was approved by the Issuer's Board of Directors on May 31, 2023 and will be effective as of the date the Issuer has an effective Registration Statement on Form S-8 registering the shares available for issuance under the 2023 Equity Incentive Plan.

Date Exercisable

(1)

(3)

(D)

Expiration Date

05/31/2033

(3)

Title

Commor Stock

Common

Stock

3. The RSUs will vest one year after the date of grant, or the day prior to the next annual meeting, if earlier

**Remarks:** 

Stock Option (right to

buy) Restricted

Stock

Unit

\$<mark>4.6</mark>7

\$0<sup>(2)</sup>

Explanation of Responses:

/s/ Lynn M. Cilinski, Attorney-06/02/2023

<u>in-fact</u>

\*\* Signature of Reporting Person Date

Amount or Number

of Shares

19,000

4,500

\$<mark>0</mark>

\$<mark>0</mark>

19,000

4,500

D

D

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

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

05/31/2023

05/31/2023

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

Code

A

A

V (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.