FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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).

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* HURWITZ EDWARD | | | | | 2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [MGNX] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|--|---------|--|---|------------------------------------|------|--|--------|------------------|---|---|---|--|---|--|---------------------------------------|
| | | | | | | | | | | | | | X Directo | or | | 10% Ov | vner | |
| (Last) | ` | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| 9704 MEDICAL CENTER DRIVE | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| ROCKVI | ILLE N | MD | 20850 | | | | | | | | | | | _ | , | | orting Person | - 1 |
| , | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transact Code (In) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Benefici Owned F | es Form ally (D) o Following (I) (Ir | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporter Transact (Instr. 3 | ion(s) | | | (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 | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, T | ransaction code (Instr. | | of | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$24.97 | 05/14/2020 | | | A | | 15,000 | | (1) | 0 | 5/14/2030 | Common Stock | 15,000 | \$0 | 15,000 | 0 | 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.

- * 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.