FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasilington,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Se	ction	30(h) o	f the I	nvestm	ent Co	mpany Act of	f 1940									
1. Name and Address of Reporting Person* BIOTECH TARGET N V					2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [MGNX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 10/02/2023										er (give title		Other (below)	specify						
ARA HILL TOP BUILDING, UNIT A-5, PLETTERIJWEG OOST 1				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person								
(Street)																X Form filed by More than One Reporting Person					
CURACAO P8 00000						Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)							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 - No	n-Deriva	tive S	Secu	ırities	Acc	quirec	l, Dis	sposed of	, or E	Benef	icially	/ Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			Year) Execution		ution Date,				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		4 and 5) Secu Bene Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) o (D)	Prio	e		rted action(s) . 3 and 4)			(Instr. 4)		
Common	Common Stock 10/0			10/02/20	023				P		150,000	A \$4.		.4639	9,9	29,963		D			
		Tal	ble II -								osed of, c convertib				Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration I (Month/Day)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Sei (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er							
		Reporting Person*																			
		(First) JILDING, UNIT DOST 1	•	iddle)		-															
(Street)	AO	P8	00	0000																	
(City) (State) (Zip)																					
	nd Address of	f Reporting Person*																			
(Last)	RTSTRAS	(First) SE 6	(Mi	iddle)		-															
(Street)	FHAUSEN	V8	CI	H-8200																	

Explanation of Responses:

(State)

(Zip)

Remarks:

(City)

Biotech Target N.V. is a wholly-owned subsidiary of BB Biotech AG. Accordingly, BB Biotech AG may be deemed to be the indirect beneficial owner of the securities of Macrogenics, Inc. held directly or indirectly by Biotech Target N.V. This Form 4 is filed jointly by BB Biotech AG and Biotech Target N.V.

10/04/2023 /s/ Ivo Betschart /s/ Daniel Koller 10/04/2023 ** 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.