| SEC For | m 4 | | | | | | | | | | | | | | | | |
|--|---|--|--|-------------------------------|---|--|--------|------------------------------------|-----|----------------------|---|--|---|---|--|--|---|
| | FORM | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | |
| 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 OWNER | | | | | | | | | | | Estim | OMB Number: 323 Estimated average burden hours per response: | | 3235-0287 n 0.5 |
| 1. Name and Address of Reporting Person [*] Spitznagel Thomas | | | | | or Section 30(h) of the investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>MACROGENICS INC</u> [MGNX] | | | | | | | | elationship o eck all applic Director | able) | ig Pers | 10% Ov | wner |
| (Last) (First) (Middl 9704 MEDICAL CENTER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2023 | | | | | | | | below) | (give title r VP, Te | chnic | Other (s below) al Ops | specify |
| (Street) ROCKVILLE MD (City) (State) | | | 20850 (Zip) | | 4. If Am | endment, I | Date | of Original Filed (Month/Day/Year) | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Та | ble I - Nor | 1-Deriva | tive S | ecuritie | s Ao | cquired, | Dis | posed c | of, or Be | neficiall | y Owned | | | | |
| Date | | | | 2. Transa Date (Month/D | | 2A. Deem Executior if any (Month/Da | n Date | Code | | Dispose | ities Acquired (A) or d Of (D) (Instr. 3, 4 and (A) or (D) Price | | Beneficia Owned F Reported Transacti | s lly ollowing on(s) | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Table II - | | | | | | | osed of, converti | , or Ben | | (Instr. 3 a Owned | na 4) | <u> </u> | I | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Cod | nsaction le (Instr. | | | Expiration D (Month/Day/ A) | | e | 7. Title an of Securit Underlyin Derivative (Instr. 3 an | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Beneficia Owned Followin Reported | re es ally g d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | Cod | ie V | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Employee stock option (right to buy) | \$4.82 | 02/15/2023 | | A | | 170,000 | | (1) | C | 02/15/2033 | Common Stock | 170,000 | \$0 | 170,0 | 000 | D | |
| Restricted Stock Unit | \$0.0 ⁽²⁾ | 02/15/2023 | | А | | 40,000 | | (3) | | (3) | Common Stock | 40,000 | \$0 | 40,00 | 00 | D | |

Explanation of Responses:

1. 12.5% of the shares underlying the grant become exercisable 6 months after the date of grant and an additional 6.25% of the shares underlying the grant become exercisable on the first day of each three-month period thereafter.

2. Each restricted stock unit (RSU) represents a contingent right to receive one share of the Issuer's common stock.

3. The RSUs will vest as to 33% of the total shares one year after the date of grant and 33% each year thereafter.

Remarks:

<u>/s/ Lynn Cilinski, Attorney-in-</u> <u>Fact</u> <u>02/17/2023</u>

Data

** 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.