FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
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(h)

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* <u>HURWITZ EDWARD</u>							2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [ MGNX ]									p of Reportin blicable) ctor	.,	o Issuer 6 Owner	
(Last) (First) (Middle) 9640 MEDICAL CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015									Offic below	er (give title w)		er (specify ow)	
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) X Forn Forn	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)						6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect			
										v	Amount	(A (C	() or ()	Price	Transa	action(s) 3 and 4)		(ilisti. 4)	
Common Stock (				05/11	/2015			J <sup>(1)</sup>		18,07	4	A	\$0	1	18,074				
		Та	ble II - D (e								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month/Day/Year) Coo		Transa Code (	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		

## Explanation of Responses:

1. Pro rata distribution from Alta BioPharma Management III, LLC., of which the reporting person is a non-managing director.

## Remarks:

/s/Lynn Cilinski, attorney-in-

05/13/2015

<u>fact</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.