FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL								
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 Eychange Act of 1934

											ompany Act o		_	· 						
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						
(1 - 1) (5 in 1) (4 in 1)						3. Date of Earliest Transaction (Month/Day/Year) 09/07/2023]	Office	er (give title		Other below)	(specify		
(Last) (First) (Middle) ARA HILL TOP BUILDING, UNIT A-5,								Data	of Origin	al Fil	ad (Manth/Da	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		C. India			n Filin			
PLETTERIJWEG OOST 1				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applica Line)								
												Form filed by One Reporting Persor Form filed by More than One Repor								
(Street) CURACAO P8 00000				<u></u>	Person															
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication																
(Site) (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	on-Deriva	tive :	Secu	rities	Ac	quired	l, Dis	sposed of	, or B	ene	ficially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			Execution		ution D	ate,	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Pı	ice	Transa	nsaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock			09/07/2	:023				P		200,000	A	\$	5.2642	9,7	,779,963		D			
		Ta	ble II								osed of, o				Owne	d				
1. Title of	2.	3. Transaction	3A. De	eemed	4.		5. Nu	ımber	6. Date	e Exer	cisable and	7. Title	and	8. F	Price of	9. Number		10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any		Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration I (Month/Day			Amount of Securities Underlying Derivative Security (II 3 and 4)		Sec (Ins	rivative curity str. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s lly J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Shar	ber						
		f Reporting Person [*] . <u>GET N V</u>																		
	LL TOP BI	(First) UILDING, UNIT OOST 1	•	liddle)																
(Street)	AO	P8	00	0000																
(City)		(State)	(Zi	ip)																
	nd Address o	f Reporting Person* AG																		
(Last)	RTSTRAS	(First) SE 6	(M	liddle)																
(Street)	FHAUSEN	V8	C	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.

09/11/2023 /s/ Ivo Betschart /s/ Martin Gubler 09/11/2023 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.