SEC Form 4	
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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*           BIOTECH TARGET N V				2. Issuer Name and Ticker or Trading Symbol <u>MACROGENICS INC</u> [ MGNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
(Last) (First) (Middle) ARA HILL TOP BUILDING, UNIT A-5, PLETTER UWEG OOST 1						3. Date of Earliest Transaction (Month/Day/Year) 11/22/2022									Office belov	er (give title v)		Other below)	(specify	
PLETTERIJWEG OOST 1 (Street) CURACAO P8 00000					4. lf	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					
,			)0000 Zip)											Х	Form Perso	n filed by Mo on	re tha	n One Rep	porting	
(City)	(0)			on-Deriv	ativo	Socu	ritios				snosod of	orF	Ronofi	cially	/ Own	od				
Table I - Non-Deriva       1. Title of Security (Instr. 3)     2. Transacti Date (Month/Day.				ion 2A. De Execu /Year) if any		eemed Ition Date,		3. Transaction Code (Instr. 8)		4. Securities	es Acquired (A) Of (D) (Instr. 3, 4		or	5. Amo Securi Benefi Owneo	ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) P		e	Report Transa (Instr.	action(s) 3 and 4)			(Instr. 4)	
Common	Stock			11/22/2	022				Р		300,000	A	\$5	.9606	8,5	29,963		D		
		Ta	ble II								oosed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, th/Day/Year)	4. Trans Code 8)	action (Instr.	of Deriv Secu Acqu (A) o Disp of (D	osed ) r. 3, 4	Expira	Expiration Date A (Month/Day/Year) S U D S S			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow Foi Ily Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	ər						
		f Reporting Person <sup>*</sup> <u>GET N V</u>	*			_														
	LL TOP BU ERIJWEG C	(First) JILDING, UNIT OOST 1	`	/liddle)																
(Street) CURAC	AO	P8	00	0000																
(City)		(State)	(Z	(ip)																
	nd Address of OTECH A	f Reporting Person <sup>*</sup>	×																	
(Last) SCHWE	RTSTRAS	(First) SE 6	(№	/liddle)																
(Street) SCHAFI	FHAUSEN	V8	C	CH-8200																
(City)		(State)	(Z	(ip)																

Explanation of Responses:

## **Remarks:**

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.

/s/ Ivo Betschart	<u>11/24/2022</u>
/s/ Martin Gubler	11/24/2022
** Signature of Reporting Person	Date

\* 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.