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
l	Estimated average burd	en
	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Bonvini Ezio						2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [ MGNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					vner
(Last) (First) (Middle) 9640 MEDICAL CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 08/10/2015								X Officer (give title Officer (specify below) Senior VP, Research					
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - Noi	າ-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	enefici	ially	Owned	I			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar) l	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o (D)	Pric	:e	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 08/10/					0/2015	2015		М		4,000	0 A	\$0	).94	40,790			D		
		Т	able II -									, or Ben			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (l 8)		of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S Illy D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amount or Number of Shares	er					
Employee Stock Option (right to buy)	\$0.95	08/10/2015			M		4,000		07/07/200	07 0	1/06/2017	Common Stock	4,00	0	\$0	26,893	3	D	

**Explanation of Responses:** 

Remarks:

/s/Lynn Cilinski, attorney-in-

<u>fact</u>

\*\* Signature of Reporting Person

n Date

08/11/2015

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

- $^{\star}$  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.