FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
	Estimated average burde	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

	Name and Address of Reporting Person* <u>Cilinski Lynn</u>					2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [ MGNX ]								(Check	all applicable) Director		10% Ow		ner
(Last) 9704 MI	,	(First) (Middle) CAL CENTER DRIVE						est Trai	(Mon	th/Day/Year)		X	Officer (give title below)  VP, Controller		Other (sp below) and Treasurer				
(Street)	TLLE M	ID	20850		- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or Joint/Group Filing (Check A Form filed by One Reporting Pers Form filed by More than One Rep Person			n	
(City)	(S		(Zip)																
1. Title of	Table I - Non-Derivati					2A. Deemed Execution Date,			3. Transac Code (II 8)	tion	4. Securities	sposed of, or Benefici . Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefic Owned Reporte	unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	V	Amount	(A) or (D)	Price		Transac (Instr. 3	and 4)			
Common	Stock			02/28/2	018				M		7,989	A	\$ <mark>0</mark> .	94	9,	,912			
Common Stock 02/28/20						18			M		7,989	A	\$ <mark>0</mark> .	94	17	17,901		D	
Common	Stock			02/28/2	018	18			M		7,989	A	\$ <u>1</u> .	51	25	25,890		D	
Common	Stock			02/28/2	018				S <sup>(1)</sup>		23,967	D	\$25.0	109(2)	1,	,923		D	
		1	Table								sposed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
Employee stock option (right to buy)	\$0.94	02/28/2018			M			7,989	07/09/2	2011	01/08/2021	Commor Stock	7,98	89	\$0	0		D	
Employee stock option (right to buy)	\$0.94	02/28/2018			M			7,989	09/14/2	2012	03/13/2022	Commor Stock	7,98	89	\$0	0		D	
Employee stock option (right to buv)	\$1.51	02/28/2018			M			7,989	07/06/2	2013	01/05/2023	Commor Stock	7,98	39	\$0	0		D	

## **Explanation of Responses:**

- $1.\ The sales reported in this Form\ 4 were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ May\ 26,\ 2017.$
- 2. This transaction was executed in multiple trades at prices ranging from \$25.00 to \$25.14. The price reported above reflects the weighted average sale price on the date indicated. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

## Remarks:

/s/ Lynn Cilinski, Attorney-in-

03/01/2018

**Fact** 

\*\* 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.