FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Risser Eric Blasius</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [MGNX] | | | | | | | | | k all appl Direct | , | | rson(s) to Issuer 10% Owner Other (specify | |
|---|---|--|---|---------|--|---|---|-------|---|--------------------|------|---|---|---------------------------------------|--|---|--------------------------|--|--|---|
| (Last) (First) (Middle) 9704 MEDICAL CENTER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2020 | | | | | | | | | X | below | | Busin | below) | |
| (Street) ROCKVILLE MD 20850 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Perso | n | | · | |
| | | Tab | le I - Noi | n-Deriv | ative | Se | curiti | es A | cquir | red, I | Disp | osed o | of, or Bo | enefici | ially | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | ransac Code (li | | | ities Acqui d Of (D) (Ir | | l and Securit Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | С | Code | v | Amount | (A) (D) | Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 02/04 | | | | | | 2020 | | | | M | | 30 A | | \$0 | .94 | 32,498 | | D | | |
| Common Stock 02/0 | | | | | 4/2020 | 2020 | | | | S ⁽¹⁾ | | 30 | D | \$ | 10 | 32,468 | | D | | |
| Common Stock 02/05 | | | | | 5/2020 | 2020 | | | | M | | 623 | A | \$0 | .94 | 33 | ,091 | D | | |
| Common Stock 02/05/ | | | | | | 2020 | | | | S ⁽¹⁾ | | 623 | D | \$ | 10 | 32,468 | | D | | |
| | | Т | able II - | | | | | | | | | | , or Ber ble sec | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transactior Code (Instr 8) | | | Expir | s. Date Exercisal Expiration Date Month/Day/Year) | | | Amount of Securities Underlying Derivative | Title and mount of ecurities inderlying erivative Security nstr. 3 and 4) | | Price of erivative ecurity istr. 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 Exerc | cisable | | piration te | Title | Amour or Number of Shares | er | | | | | |
| Employee stock option (right to buy) | \$0.94 | 02/04/2020 | | | М | | | 30 | 09/14 | 4/2012 | 03 | /13/2022 | Common Stock | 30 | | \$0.94 | 7,623 | | D | |
| Employee stock option (right to | \$0.94 | 02/05/2020 | | | М | | | 623 | 09/14 | 4/2012 | 03 | /13/2022 | Common Stock | 623 | | \$0.94 | 7,000 | | 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 December 5, 2019.

Remarks:

/s/ Lynn Cilinski Attorney-in-

02/06/2020

Fact

** Signature of Reporting Person

Date

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

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.

^{*} 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).