FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Ц	OMB APPRO	VAL						
	OMB Number:	3235-0287						
	Estimated average burden							
П	houre por rosponso:	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*							2. Issuer Name and Ticker or Trading Symbol MACROGENICS INC [MGNX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Cilinski Lynn</u>						MACROGENICS INC [MGNX]								Direct	,		10% Ov	vner	
							0.5 1 (5 1) 17 17 17 19 19 19 19 19								(give title		Other (s	pecify	
I (1 ast) (First) (Middle) I							3. Date of Earliest Transaction (Month/Day/Year) 03/02/2018							below) below) VP, Controller and Treasurer				.	
9704 MEDICAL CENTER DRIVE														٧٢,	Controlle	i anu	i i i casurei		
		. 4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.1	6. Individual or Joint/Group Filing (Check Applicable								
(Street)						174110	namont, t	Julio 0	n Originai i	lica	(IVIOTICI) De	ty/ retary	Lin		oom o ooq	3 1 ming	, (Oncorrip	pilodbie	
ROCKV	ROCKVILLE MD 20850												X Form	filed by One	e Repo	Reporting Person			
-					-									Form Perso		re thar	one Repo	rting	
(City)	(S	tate)	(Zip)											1 0130					
		Tab	le I - Non	-Deriv	ative	e Se	curities	AC	quired, [Disp	osed o	f, or Be	neficial	ly Owned	ŀ				
1. Title of S	Security (Ins	action		ed	3. 4. Securities Acquired (A)				ed (A) or	5. Amou		6. Ov	vnership	7. Nature					
Date (Month/Da						ay/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed		d Of (D) (Instr. 3, 4 and		Securities Beneficially		Form: Direct (D) or Indirect		of Indirect Beneficial		
									r) 8)				Owned Reporte				Ownership (Instr. 4)		
									Code	V	Amount	ount (A) or P		Transac (Instr. 3	Transaction(s) (Instr. 3 and 4)			`	
		-	tivo	Soci	ritios	Λοαι	uirod Di	cne	scod of	or Pon	oficially	Owned							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of 2. 3. Transaction 3A. Deemed 4.						5. Nun		er	6. Date Exercisable and 7.			7. Title an		8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D	, c	Transa Code (I				Expiration Date (Month/Day/Yea			of Securit Underlyin		Derivative Security	derivative		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day		3)		Securities Acquired		Derivative Secu (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security						(A) or Disposed		(moure and i)				.u .,		Following Reported		(I) (Instr. 4)	(111341.4)	
						of (D) (Instr.									Transaction(s)				
							3, 4 and 5)								(Instr. 4)				
													Amount or						
									Date		xpiration		Number of						
				(Code	V	(A)	(D)	Exercisable	<u> </u>	ate	Title	Shares						
Employee stock																			
option (right to	\$28.94	03/02/2018			Α		28,000		(1)	0	3/02/2028	Common Stock	28,000	\$0	28,00	0	D		
buy)																			

Explanation of Responses:

1. 12.5% of the options become exercisable 6 months after the date of grant and the remaining 87.5% shall vest in 14 substantially equal quarterly installments thereafter.

Remarks:

/s/ Lynn Cilinski, Attorney-in-

** Signature of Reporting Person

Date

03/06/2018

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.