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			
l	Estimated average burd	en			
l	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*						2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer						
Wigginton Jon Marc					<u>M</u>	AC	ROC	ENIC	CS	<u>INC</u>	M	GNX]	(Ch	eck all appli Directo	,		10% Ov	vner				
,					-												(give title		Other (s	· I		
(Last)	(F				est Trar	ısac	tion (Mo	nth/D	Day/Year)	'	below)			below)								
` '	EDICAL CI	06/	06/05/2017										Sr VP, Clinical Dev. & CMO									
3704 IVII	IDICAL CI	ENTERBRIVE																				
(Ctt)		- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable								
(Street) ROCKVILLE MD 20850																X Form filed by One Reporting Person						
ROCKVILLE IVID 20030																Form filed by More than One Reporting						
																	Person					
(City)	(S	tate)	(Zip)																			
		Tab	le I - No	n-Deriv	vative	e Se	curit	ies Ad	cqu	ıired, [Disp	osed c	of, or E	Bene	ficial	ly Owned	k					
1. Title of Security (Instr. 3) 2. Transac											3. 4. Securities Acquired (A)					5. Amou				7. Nature		
Date (Month/					/Day/Ye		Execution Date, if any			Transac Code (Ir		Disposed Of (D) (Instr. 3, 4			3, 4 and	Securiti Benefici				of Indirect Beneficial		
					((Month/Day/Yea			8)		'				Owned I	Owned Following Reported		str. 4)	Ownership (Instr. 4)		
								Code	v	Amount	ount (A) or (D)		Price	Transac (Instr. 3	tion(s)			(
	0. 1		= (0.04)				\dashv				111		* • • •	-			_					
Common	Stock		5/201	2017				M		5,000 A		A	\$4.7	7 35,000			D					
Common	Stock	/2017	.017(1)				S		5,000)	\$20 ⁽²	30,000 ⁽³⁾			D						
		7	able II -	Doriva	tivo (Saci	ıritio	s A cc	is	rod Di	enc	sed of	or Bo	nofi	cially	Owned		J				
												onverti				Ownea						
1. Title of	2.	3. Transaction	3A. Deemo	ed	4.		5. Number		6. Date Exercisa		ble and	7. Title and			8. Price of	9. Number	r of	10.	11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	Date,	Transa Code (on of			piration I onth/Day		1	Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of		(Month/Da	y/Year)	8)	ınsu.				(Month, Buy, real)			Underlying			(Instr. 5)	Beneficially		Direct (D)	Ownership		
	Derivative Security												Derivative Securit (Instr. 3 and 4)				Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
																	Reported Transaction(s) (Instr. 4)		s)			
							and 5)		H		_											
														or								
									Da	te	E	piration		Ni of	umber							
					Code	٧	(A)	(D)		ercisable		ate	Title		nares					ļ		
Employee																						
stock option	\$4.7	06/05/2017			M			5,000	01	1/18/2014	07	7/18/2023	Commo Stock	ⁿ 5	,000	\$4.7	65,448	3	D			
(right to buy)																						

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 15, 2016.
- 2. This transaction was executed in multiple trades at prices ranging from \$20 to \$20.02.
- 3. This amount includes 30,000 Restricted Stock Units (RSU) acquired on 2/25/16 which will vest on 2/25/18.

Remarks:

/s/ Lynn Cilinski, Attorney-in-Fact 06/06/2017

** 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.