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MACROGI	ENICS INC									
Form 4										
February 16	5, 2017									
FORM	ЛД								PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check t if no lor								Expires:	January 31,	
subject Section	to SIAIE N 16.	MENT OF	F CHAI	NGES IN SECUI	Estimated burden hou	Estimated average burden hours per				
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 16(b).										
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> SARAN ATUL			2. Issue Symbol	er Name an e	d Ticker or	Trading	5. Relationship of Reporting Person(s) to Issuer			
				ROGENIC	-	MGNX]	(Check all applicable)			
(Last)	(First) (Middle)		of Earliest T Day/Year)	ransaction		Director	100	% Owner	
9704 MEDICAL CENTER DRIVE			02/15/2	-			Officer (give title Other (specify below) below) SVP & General Counsel			
	(Street)		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				onth/Day/Yea	-		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ROCKVIL	LE, MD 20850						Person	whole than one R	epotting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned	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	Transaction(s) (Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	-		-			
							pond to the colle		SEC 1474	

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	ionDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock	\$ 20.53	02/15/2017		А		55,000		<u>(1)</u>	02/15/2027	Common Stock	55,000

Reporting Owners

Reporting Owner Name / Address			Relationships	
Treporting of their runner runness	Director	10% Owner	Officer	Other
SARAN ATUL 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850			SVP & General Counsel	
Signatures				
/s/Lynn Cilinski, Attorney-in-Fact	02/16/2	2017		

**Signature of Reporting Person

Explanation of Responses:

Date

* 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).
- (1) $\frac{12.5\%}{\text{quarterly installments thereafter.}}$ 87.5% shall vest in 14 substantially equal

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.