### Edgar Filing: MACROGENICS INC - Form 4

| MACROGE<br>Form 4  |   |   |   |  |              |           |            |   |  |   |  |
|--|---|---|---|--|--------------|-----------|------------|---|--|---|--|
| FORN   | SECUR   | ITIES A   | ND EX(  | COMMISSION                             | OMB APPROVAL |           |            |   |  |   |  |
|  |   |   |   | hington,                               |              |           |            |   | Number:  | 3235-0287   |  |
| Check th<br>if no lon,<br>subject to<br>Section 2<br>Form 5<br>obligation<br>may con | ger<br>o<br>16.<br>or<br>Filed purs<br>ons<br>tinue. Section 17(a | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |   |  |              |           |            |   |  | Expires: January 31<br>2005<br>Estimated average<br>burden hours per<br>response 0.5<br>n |  |
| See Instr<br>1(b).   | uction  |   |   |  | <b>r</b>     | ,         |            |   |  |   |  |
| (Print or Type   | Responses)  |   |   |  |              |           |            |   |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Cilinski Lynn                    |   |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>MACROGENICS INC [MGNX] |  |              |           |            | 5. Relationship of Reporting Person(s) to Issuer  |  |   |  |
| (Last)   | (First) (Middle) 3. Date of Earliest Transaction (Ch              |   |   |  |              |           | (Chec      | eck all applicable)   |  |   |  |
| 9640 MED   | ICAL CENTER D   | RIVE  | (Month/D<br>11/23/20  | •                                      |              |           |            | Director<br>X Officer (give<br>below)<br>VP, Cont   |  | Owner<br>er (specify<br>surer   |  |
|  |   |   |   | ıdment, Date Original<br>h/Day/Year)   |              |           |            | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |   |  |
| ROCKVILI   | LE, MD 20850  |   |   |  |              |           |            | Form filed by M<br>Person   | Iore than One Re   | porting   |  |
| (City)   | (State) (2  | Zip)  | Table   | e I - Non-D                            | erivative S  | Securi    | ties Acc   | uired, Disposed of  | f, or Beneficial   | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | curity (Month/Day/Year) Execution Dat                             |   |   | 3.<br>Transactic<br>Code<br>(Instr. 8) |              | 4 and (A) | d of       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)          | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |   |  |
|  |   |   |   | Code V                                 | Amount       | or<br>(D) | Price      | (Instr. 3 and 4)  |  |   |  |
| Common<br>Stock (1)  | 11/23/2015  |   |   | М                                      | 1,185        | А         | \$<br>0.94 | 5,029   | D  |   |  |
| Common<br>Stock (1)  | 11/23/2015  |   |   | S                                      | 1,185        | D         | \$ 35      | 3,844   | D  |   |  |
| Common<br>Stock (1)  | 07/01/2015  |   |   | М                                      | 3,815        | А         | \$<br>0.94 | 7,659   | D  |   |  |
| Common<br>Stock (1)  | 11/23/2015  |   |   | S                                      | 3,815        | D         | \$ 35      | 3,844   | D  |   |  |
| Common<br>Stock (1)  | 11/23/2015  |   |   | S                                      | 1,921        | D         | \$ 35      | 1,923   | D  |   |  |

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

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 control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | ution Date, if Transaction Derivative<br>Code Securities |         | 6. Date Exerci<br>Expiration Da<br>(Month/Day/Y | te                 | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|---|--|---------|---|--------------------|---|--|
|   |   |   |   | Code V   | (A) (D) | Date<br>Exercisable                             | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option<br>(right to<br>buy)    | \$ 0.94   | 11/23/2015                              |   | М  | 1,185   | 07/07/2007                                      | 01/06/2017         | Common<br>Stock   | 1,185                                  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)    | \$ 0.94   | 11/23/2015                              |   | М  | 3,815   | 07/06/2008                                      | 01/05/2018         | Common<br>Stock   | 3,815                                  |

## **Reporting Owners**

Reporting Owner Name / Add testDirector10% OwnerOfficerOtherCilinski Lynn<br/>9640 MEDICAL CENTER DRIVE<br/>ROCKVILLE, MD 20850-SetterVP, Controller and TreasurerSignatures<br/>/s/Lynn Cilinski11/24/2015EE

Date

## **Explanation of Responses:**

- \* 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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

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.