## Edgar Filing: MACROGENICS INC - Form 4

MACROGE	ENICS INC												
Form 4													
February 16	6, 2017												
FORM	Λ4		~ ~ ~ ~						~ • •	OMB A	PPROVA	۹L	
	UNITED	STATES		RITIES A shington			GE CO	OMMISSI	ON	OMB Number:	3235	-0287	
Check t										Expires:	Janua	ry 31, 2005	
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES						OWNI	ERSHIP C	)F	Estimated average burden hours per				
Form 4 Form 5		manament to S	action	16(a)  of  t		tion Errol	hongo	$\Lambda$ at af 102	1	response	1Se		
obligation may con <i>See</i> Inst 1(b).	ons Section 170		ublic U		lding Co	mpany A	Act of 1						
(Print or Type	Responses)												
1. Name and Address of Reporting Person *2. IssueBonvini EzioSymbol				······································						p of Reporting Person(s) to			
			MACR	OGENIC		(Check all applicable)							
(Last)	(First) (	Middle)	Idle) 3. Date of Earliest Transaction										
9704 MED	ICAL CENTER I		(Month/ 02/15/2	Day/Year) 2017				Director _X Officer ( elow) Sr `	(give t		% Owner her (specify SO	r	
				ed(Month/Day/Year) Applicable			pplicable Line	ual or Joint/Group Filing(Check Line) filed by One Reporting Person					
ROCKVIL	LE, MD 20850						_			ore than One R			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Securitie	es Acqui	red, Dispose	ed of,	or Beneficia	lly Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) or l of (D)	Secu Ben Owr Foll Rep	owing orted	Fo (D (I)	Ownership rm: Direct ) or Indirect astr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al 11p	
				Code V	Amount	or	(Ins	nsaction(s) tr. 3 and 4)					
Reminder: Re	port on a separate line	e for each cla	ss of sec	urities bene	ficially ow	ned direct	tly or ind	irectly.					
					Perso	ons who	respon	d to the col d in this fo			SEC 1474 (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	orDerivative	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. 8	8)	Acquired or Dispos (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock	\$ 20.53	02/15/2017		А		67,500		<u>(1)</u>	02/15/2027	Common Stock	67,500

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships					
	Director	10% Owner	Officer	Other				
Bonvini Ezio 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850			Sr VP, Research & CSO					
Signatures								
/s/Lynn Cilinski, Attorney-in-Fact	02/16/2	2017						

\*\*Signature of Reporting Person

## **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).

Date

(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.