Edgar Filing: MACROGENICS INC - Form 4

| MACROGE Form 4 | NICS INC | | | | | | | | | | |
|--|------------------------------------|--------------------|------------------------------------|--|-----------|------------------------------|---|--|--|---|--|
| September 2 | 2, 2015 | | | | | | | | | | |
| FORM | 14 | | | | | | | | - | PPROVAL | |
| | UNITE | D STATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | GES IN I SECUR | | NERSHIP OF | Expires: January 3 200 Estimated average burden hours per | | | | |
| Form 5 obligatio may cont See Instru 1(b). | Filed p ns Section 1 | 7(a) of the | | ility Hold | ling Con | npany | Act o | ge Act of 1934, f 1935 or Sectio 40 | response | 0.5 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Bonvini Ezio Symt | | | Symbol | Name and | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | MACRO | OGENICS | S INC [N | IGN2 | XJ | (Cheo | ck all applicable | e) | |
| (Last) 9640 MEDI | (First) | (Middle) CDRIVE | 3. Date of (Month/D 09/18/20 | • | ansaction | | | Director X Officer (give below) Senie | | 6 Owner er (specify n | |
| | | | ndment, Dat th/Day/Year) | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| ROCKVILI | LE, MD 20850 | | | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Securi | ities Aco | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Yea | ar) Execution any | emed on Date, if 'Day/Year) | 3. Transactic Code (Instr. 8) Code V | | ispose 4 and (A) or | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 09/18/2015 | | | M | 7,000 | (D) A | \$ 0.94 | 61,790 | D | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|-----|-------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (right to buy) | \$ 0.94 | 09/18/2015 | | М | | 7,000 | 07/07/2007 | 01/06/2017 | Common Stock | 7,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------------------|-------|--|--|--|--|
| reporting o when numer numers | Director | 10% Owner | Officer | Other | | | | |
| Bonvini Ezio 9640 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 | | | Senior VP, Research | | | | | |
| Signatures | | | | | | | | |
| /s/Lynn Cilinski, attorney-in-fact | 09/22/20 | 015 | | | | | | |

**Signature of Reporting Person

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).

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.