MACROGENICS INC

Form 5

February 08, 2017

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Wigginton Jon Marc Symbol MACROGENICS INC [MGNX] (Check all applicable) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Month/Day/Year) Director 10% Owner X _ Officer (give title Other (specify 12/31/2016 below) below) 9704 MEDICAL CENTER DRIVE Sr VP, Clinical Dev. & CMO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) ROCKVILLE, Â MDÂ 20850 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (City) (State) (Zip)

(City)	(State)	(Zip) Tab	le I - Non-Der	rivative Securities Acquire	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	10/02/2016	•	G	(A) or Amount (D) Price	(Instr. 3 and 4)	, , , , , , , , , , , , , , , , , , ,	↑
Stock	10/03/2016	A	S	10,000 D ^{\$\pi\$} 29.34	30,000 (1)	D	A

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)

SEC 2270

(9-02)

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 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title and	Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Da	ate	Amount of	Derivative
Security	or Exercise	•	any	Code	of	(Month/Day/	Year)	Underlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Securities	(Instr. 5)
· ·	Derivative		` '	· ·	Securities			(Instr. 3 and 4) `
	Security				Acquired				
	•				(A) or				
					Disposed				
					of (D)				
					(Instr. 3,				
					4, and 5)				
					(4)	.	.	mid 4	
					(A) (D)		*	Title Amoun	t
						Exercisable	Date	or	
								Number	r
								of	
								Shares	

of D

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Wigginton Jon Marc 9704 MEDICAL CENTER DRIVE	Â	Â	Sr VP, Clinical Dev.	Â		
ROCKVILLE, MD 20850			& CMO			

Signatures

/s/Lynn Cilinski, 02/08/2017 Attorney-in-Fact Date

**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).
- Due to clerical error, the amount of securities beneficially owned after the transaction on 10/3/16 and reported on a Form 4 on 10/19/16, was incorrect. The corrected amount includes 30,000 Restricted Stock Units (RSU) acquired on 2/25/16 which vest on 2/25/18.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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