

MACROGENICS INC  
Form 3  
May 27, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Spitznagel Thomas		(Month/Day/Year)	MACROGENICS INC [MGNX]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		05/18/2016		
9704 MEDICAL CENTER DRIVE			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
ROCKVILLE,Â MDÂ 20850			(give title below)	(specify below)
(City)	(State)	(Zip)	Vice President, Development	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Employee Stock Option (right to buy)	03/18/2014 <sup>(1)</sup>	09/17/2023	Common Stock	11,985	\$ 7.51	D	Â
Employee Stock Option (right to buy)	03/18/2014 <sup>(1)</sup>	09/17/2023	Common Stock	51,932	\$ 7.51	D	Â
Employee Stock Option (right to buy)	06/12/2015 <sup>(1)</sup>	12/12/2024	Common Stock	16,295	\$ 29.68	D	Â
Employee Stock Option (right to buy)	06/12/2015 <sup>(1)</sup>	12/12/2024	Common Stock	3,705	\$ 29.68	D	Â
Employee Stock Option (right to buy)	06/18/2016 <sup>(1)</sup>	12/18/2025	Common Stock	9,619	\$ 31.43	D	Â
Employee Stock Option (right to buy)	06/18/2016 <sup>(1)</sup>	12/18/2025	Common Stock	3,181	\$ 31.43	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Spitznagel Thomas 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	Â	Â	Â Vice President, Development	Â

## Signatures

/s/Lynn Cilinski,  
attorney-in-fact

05/26/2016

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) 12.5% of the shares underlying the grant become (or became) exercisable on the date reflected and an additional 6.25% of the shares underlying the grant become (or became) exercisable on the first day of each three-month period thereafter.

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.