MACROGENICS INC

Form 5

February 08, 2017

FORM 5

OMB APPROVAL

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

OMB 3235-0362 Number: January 31,

2005

no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box if

Expires:

Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per OWNERSHIP OF SECURITIES response... 1.0

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

Name and Address of Reporting Pers Bonvini Ezio	on * 2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Midd	MACROGENICS INC [MGNX] le) 3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)			
9704 MEDICAL CENTER DRI	(Month/Day/Year) 12/31/2016 VE	Director 10% Owner Sr VP, Research & CSO			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)			

ROCKVILLE, Â MDÂ 20850

(State)

(Zip)

(City)

X Form Filed by One Reporting Person Form Filed by More than One Reporting

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2. Transaction Date (Month/Day/Year)			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)
			A	or	ъ.	4)		
10/19/2016	Â	M	5,349	(D)	\$ 0.94	93,394 (1)	D	Â
09/22/2015	Â	J4	7,550	A	\$0	7,550 (2)	I	Family Trust
	(Month/Day/Year) 10/19/2016	any (Month/Day/Year) 10/19/2016 Â	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code (Instr. 8)	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4. Securion Date, if any (Month/Day/Year) (Instr. 8) (Instr. 3, 4. Securion Date, instruction Date	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (A) or Amount (D) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Execution Date, if any (Month/Day/Year) 2. Transaction Date (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price (D) Price (D)	2. Transaction Date (Month/Day/Year) 2A. Deemed (Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4	2. Transaction Date (Month/Day/Year) 2A. Deemed 3. 4. Securities Acquired (A) or Disposed of any (Month/Day/Year) (Instr. 3) 4. Securities Acquired (A) or Disposed of any (Month/Day/Year) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3) (Instr. 4) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 4)

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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SEC 2270 (9-02)

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transaction Code	5. Number of	6. Date Exerci Expiration Da (Month/Day/Y	te	7. Title Amou Under	nt of	8. Price of Derivative Security
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	•	i cai j	Securi	, ,	(Instr. 5)
					(A) (D)		Expiration Date	Title	Amount or Number of Shares	

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Bonvini Ezio 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	Â	Â	Sr VP, Research & CSO	Â			

Signatures

/s/Lynn Cilinski,
Attorney-in-Fact

**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).
- Due to clerical error, the reported amount of securities beneficially owned after the transaction on 10/19/16 and reported on a Form 4 on (1) 10/21/16, was incorrect. The corrected amount now includes the disposal of 7550 shares which occurred on 9/22/15 and was reported on Form 5 on 2/12/16.
- (2) The 7550 shares disposed of on 9/22/15 were transferred to the Bonvini Family Trust.

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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