Edgar Filing: Wigginton Jon Marc - Form 4

Wigginton	Jon Marc										
Form 4	5 0010										
February 2:								<u></u>			
FOR	$\mathbf{M4}$	STATES	SECU	DITIES A	ND EV	CHANCE	COMMISSION	Т	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287		
Check	this box		VV à	ishington	, D.C. 20	1347			January 31,		
if no lo		MENT OI	F CHAP	NGES IN	BENEF	TCIAL OV	WNERSHIP OF	Expires:	2005		
subject Section	10			SECUR			Estimated	Estimated average burden hours per			
	Section 16. SECURITIES							response	•		
Form 5	riicu pu	rsuant to S	Section	16(a) of th	e Securi	ties Excha	nge Act of 1934,	rooponoon	0.0		
obligati may co	ions Section 17						of 1935 or Section	on			
	truction	30(h)	of the In	nvestment	Compar	ny Act of 1	940				
1(b).											
(Print or Type	e Responses)										
1 Name and	Address of Reporting	Derson *	. .	NT .	1.07.1		5 Delationship	of Penarting Der	ron(s) to		
Wigginton			2. Issue Symbol	er Name and	1 Licker of	Trading	Issuer	5. Relationship of Reporting Person(s) to Issuer			
11.285	OGENIC	S INC I	MGNX1								
					-	-	(Check all applicable)				
(Last)	(First) ((Middle)		of Earliest T	ransaction		Director	100	/ Owner		
				Ionth/Day/Year) Director 2/21/2019X_ Officer (giv.					e title 10% Owner		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		511112	02/21/2	2017			below)	below) Clinical Dev. &	CMO		
							· · ·				
	(Street)		endment, Da	-	ıl	6. Individual or Joint/Group Filing(Check					
			Filed(Mc	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by	One Reporting P	erson		
ROCKVII	LE, MD 20850						Form filed by	More than One R			
							Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio				Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	av/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4		•	(D) or Indirect (I)	Beneficial Ownership		
		(infolicit) De	iy/ i cui)	(1130.0)	(1150.5,	r und 5)		(Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(instr. 5 and 1)				
Reminder: Re	eport on a separate lin	e for each cl	ass of sec	urities benef	ficially ow	ned directly	or indirectly.				
	1				-	-	pond to the colle	ction of	SEC 1474		
							ained in this form		(9-02)		

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 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		(Mont	h/Day/Year)) (Instr. 8) Acquire or Dispo (D) (Instr. 3 and 5)			ed of				
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee stock option (right to buy)	\$ 21.88	02/21/2019			A		90,000		<u>(1)</u>	02/21/2029	Common Stock	90,000
Reporting Owners												
Reporting Owner Name / Address					Relationships							
Wigginton	Jon Marc	Director	10% Owner	Offi	cer				Other			

Sr VP, Clinical Dev. & CMO

ROCKVILLE, MD 20850

/s/ Lynn Cilinski, 02/25/2019 Attorney-in-Fact

**Signature of Reporting Person

9704 MEDICAL CENTER DRIVE

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).
- (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.