SEC Form 4

FORM 4

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

OMB APPROVAL										
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Addre	1 4	•	2. Issuer Name and Ticker or Trading Symbol <u>Magenta Therapeutics, Inc.</u> [MGTA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Atlas Venture Fund X, L.P.</u>			<u>indgenta merapeates, me.</u> [mom]	Director X 10% Owner						
(Last) 300 TECHNOL	(First) .OGY SQUA	(Middle) .RE, 8TH FLOOR	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2021	Officer (give title Other (specify below) below)						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable						
(Street)				Line) X Form filed by One Reporting Person						
CAMBRIDGE	MA	02139	_	Form filed by More than One Reporting Person						
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	02/11/2021		J ⁽¹⁾		968,726	D	\$0.00	3,148,399	D ⁽²⁾	

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

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)	Transaction Code (Instr. 8) Code (Instr. 8) Co		Transaction Code (Instr.		Transaction Code (Instr.		Transaction of Expiration Date (Month/Day/Year) 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date Amount of			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares										

Explanation of Responses:

1. Represent a pro rata distribution, and not a purchase or sale of securities, by Atlas Venture Fund X, L.P. ("AVF X") to its general partner and limited partners without additional consideration. This distribution was effected pursuant to a plan adopted in accordance with Rule 10b5-1 on September 25, 2020.

2. The shares are held directly by AVF X. The general partner of AVF X is Atlas Venture Associates X, L.P. ("AVA X LP"). Atlas Venture Associates X, LLC ("AVA X LLC") is the general partner of AVA

X LP. Each of AVA X LP and AVA X LLC disclaims Section 16 beneficial ownership of the securities held by AVF X, except to the extent of its pecuniary interest therein, if any. **Remarks:**

Atlas Venture Fund X, L.P., By: Atlas Venture Associates X, L.P., its general partner, by Atlas Associates X, LLC, its 02/16/2021 general partner, By: Ommer Chohan, Chief Financial Officer /s/ Ommer Chohan ** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

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 Number.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)