FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| Washingto | n, D | C. | 20549 |

| STATEMENT | OF | CHANGES | IN E | BENEFIC | IAL | OWNER | SHIP |
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| OMB APPROVAL | | | | | | | | | | |
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| OMB Number: 3235-0287 | | | | | | | | | | |
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| hours per response: | 0.5 | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* GARDNER JASON | | | | 2. Issuer Name and Ticker or Trading Symbol Magenta Therapeutics, Inc. [MGTA] | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-----------|-------------------|---|--|--|--|-----------------------------------|---------------------|--|------------------|---|---|--|---------------------------------------|-----------------|------------|
| <u>OTIO</u> | TILL STIC | , () (| | | | | | | | | | | X Director | | 10% C | · I |
| (Last) | (F | irst) | (Middle) | 3. | | | | | | | | | X Oπicer (below) | give title | Other (below) | specify |
| C/O MAGENTA THERAPEUTICS, INC. | | | 0 | 05/17/2022 | | | | | | | | See Remarks | | | | |
| 100 TECHNOLOGY SQUARE | | | | L | | | | | | | | | | | | |
| | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | IDGE M | IA | 02139 | | | | | | | | | | , | ed by One R | Reporting Perso | n |
| CAMBR | | | 02139 | | | | | | | | | | | ed by More t | than One Repo | rting |
| (City) | (S | tate) | (Zip) | | Person | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | Transaction te onth/Day/ | Execution Date, | | Transaction Disposed Of (D) Code (Instr. | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | s F lly (I ollowing (I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | nt (A) or (D) | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| 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) 1. Transaction Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | Code | ansaction ode (Instr. Acquire or Dispo of (D) (In | | Derivative Expira | | xpiration Date Month/Day/Year) | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option (Right to Buy) | \$1.18 | 05/17/2022 | | A | | 162,500 | | (1) | 05 | 5/16/2032 | Common Stock | 162,500 | \$0.00 | 162,500 | D | |

Explanation of Responses:

1. This option shall vest and become exercisable in three equal installments, each installment vesting every six months, over the 18 months following the vesting commencement date. The vesting commencement date is May 15, 2022.

Remarks:

Title: President and Chief Executive Officer

/s/ Cindy Driscoll, Attorney-in-Fact for Jason Gardner 05/19/2022

** 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.