FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

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*							2. Issuer Name and Ticker or Trading Symbol Magenta Therapeutics, Inc. [MGTA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>ISACSON CHRISTINA K.</u>					1	<u> </u>	tu II	Стир	curres	, 1110	<u></u> [MO11	. .				Direc	ctor		10% O	wner			
							oto of	Corlina	t Tronc	ootion (Month	/Doy/Voor)			_	X	Office	er (give title v)		Other (below)	(specify		
(Last)		(Firs	st) (1	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/24/2019											Chief Business Officer					
C/O MA	GENTA	THI	ERAPEUTICS,	INC.		12/	2 4 /20	13										Omer Duor		Jilicci			
100 TECHNOLOGY SQUARE																							
						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)							4. II Amendment, Date of Original Filed (Month/Day/Teal)										Line)						
(Street)	IDCE	3 A A		2120												X	Form	n filed by One	e Repo	rting Pers	on		
CAMBR	IDGE	MA)2139													Form	n filed by Mor	re than	One Repo	orting		
						-											Pers	on		·	Ü		
(City)		(Sta	te) (2	Zip)																			
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, o	or Be	nefici	ally (Owne	ed					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						//Year) Execution		ution Date,				es Acquired (A) o Of (D) (Instr. 3, 4 a			and 5) Secui Benet		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount (A) or (D)		Price	Transactio (Instr. 3 an		action(s)			(111501. 4)			
Common Stock 12/24/2							2019					4,463		D	\$16.0	01 ⁽²⁾ 83,786		3,786		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
							uo,	1					_										
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivative Security	on se	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		of S G		ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	wnership orm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	(A)	(D)	Date Exercise	ahle	Expiration	Titl	OI N O1	umber								

Explanation of Responses:

- 1. This trade is pursuant to an active 10b5-1 plan.
- 2. This transaction was executed in multiple trades at prices ranging from \$16.00 to \$16.09. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request by the staff of the U.S. Securities and Exchange Commission, the issuer or a security holder of the issuer, full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

/s/ Zoran Zdraveski, Attorneyin-Fact for Christina K. Isacson

12/26/2019

** 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.