| SEC I | Form 4 |
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| FORM 4 | ļ |
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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).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|  | STATEMENT | <b>OF CHANGES</b> | IN BENEFICIAL | <b>OWNERSHIP</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

| OMB Number: 3235-0287    |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

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| of Section So(n) of the investment Company Act of 1940                           |           |          |                        |  |                   |  |   |  |                              |                          |
|--|-----------|----------|------------------------|--|-------------------|--|---|--|------------------------------|--------------------------|
| 1. Name and Address of Reporting Person* <u>Ryan Jason</u>                       |           |          |                        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>Magenta Therapeutics, Inc.</u> [ MGTA ] |                   |  |   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Own<br>X Officer (give title below)<br>below) |                              |                          |
| (Last)   | (First)   | (Middle) |                        | 3. Date of Earliest Transaction (Month/Day/Year)   |                   |  |   | ,  | emarks                       | ·                        |
| C/O MAGENTA THERAPEUTICS, INC.   |           |          |                        | 01/02/2019   |                   |  |   | See K  | CIIIdI KS                    |                          |
| 100 TECHNOLO   | GY SQUARE |          |                        |  |                   |  |   |  |                              |                          |
|  |           |          | 4. If An               | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |                   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                   |  |                              |                          |
| (Street)<br>CAMBRIDGE  | MA        | 02139    |                        |  |                   |  | X Form filed by One Reporting Person<br>Form filed by More than One Reporting |  |                              |                          |
| (City)   | (State)   | (Zip)    |                        |  |                   |  |   | Person   |                              | Ū                        |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |           |          |                        |  |                   |  |   |  |                              |                          |
| 1. Title of Security (Instr. 3) 2. Transa<br>Date                                |           |          | 2. Transaction<br>Date | 2A. Deemed<br>Execution Date.  | 3.<br>Transaction | 4. Securities Acquired (A) or 5. Amount of<br>Disposed Of (D) (Instr. 3. 4 and 5) Securities |   |  | 6. Ownership<br>Form: Direct | 7. Nature of<br>Indirect |

|   | (Month/Day/Year) | if any<br>(Month/Day/Year) 8) |      |   |        |               |       | (D) or Indirect<br>(I) (Instr. 4)  | Beneficial<br>Ownership<br>(Instr. 4) |          |  |
|---|------------------|-------------------------------|------|---|--------|---------------|-------|------------------------------------|---------------------------------------|----------|--|
|   |                  |                               | Code | v | Amount | (A) or<br>(D) | Price | Transaction(s)<br>(Instr. 3 and 4) |                                       | (1150.4) |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned |                  |                               |      |   |        |               |       |                                    |                                       | 1        |  |

(e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security 8. Price of Derivative Security 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount 9. Number of 10. 11. Nature 2 4 4. Transaction Code (Instr. 8) Ownership Form: Conversion Execution Date, if any of Securities Underlying of Indirect Beneficial Date Derivative Expiration Date derivative (Month/Day/Year) or Exercise (Month/Day/Year) Securities Securities Direct (D) or Indirect (I) (Instr. 4) Price of Derivative Acquired (A) or Disposed Derivative Sec (Instr. 3 and 4) Beneficially Owned Ownership (Instr. 4) (Instr. 3) (Month/Day/Year) Security (Instr. 5) Security of (D) (Instr. 3, 4 and 5) Following Reported Transaction(s) Amount (Instr. 4) or Number Expiration Date Code v (A) (D) Exercisable Date Title of Shares Stock Option 01/02/2019 Common \$<mark>6</mark> А 329,379 (1) 01/01/2029 329,379 \$0.00 329,379 D (Right to Stock

Explanation of Responses:

Buy)

1. This option shall vest and become exerciseable over four years, with 25% of this option vesting on January 1, 2020, and the remainder vesting in 36 equal monthly installments thereafter.

Chief Operating and Financial Officer

<u>/s/ Zoran Zdraveski, Attorney-</u> in-Fact for Jason Ryan

01/04/2019

\*\* 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.