Xencor Inc Form 4 December 21, 2015

FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16. Form 4 or

Form 5

obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. See Instruction

30(h) of the Investment Company Act of 1940 1(b).

(Print or Type Responses)

(Last)

(C:tr.)

1. Name and Address of Reporting Person * Foster Paul A

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Xencor Inc [XNCR]

(Check all applicable)

(First)

(Middle)

(Zin)

3. Date of Earliest Transaction

(Month/Day/Year)

12/16/2015

Director 10% Owner X_ Officer (give title

Chief Medical Officer

below)

Other (specify

OMB APPROVAL

Estimated average

burden hours per

Expires:

response...

3235-0287

January 31,

2005

0.5

C/O XENCOR, INC., 111 WEST LEMON AVENUE

(Street)

(State)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

MONROVIA, CA 91016

(City)	(City) (State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D)			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)		Beneficially Owned Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(msu. 1)	(msu. 1)	
Common Stock	12/16/2015		M	5,000	A	\$ 0.59	9,627 (1)	D		
Common Stock	12/16/2015		S(2)	6,025	D	\$ 15.01	3,602	D		

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

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

8.1 De Sec (In

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)	4. Transactio Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.59	12/16/2015		M	5,000	(3)	09/25/2022	Common Stock	5,000

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Foster Paul A

C/O XENCOR, INC.

Chief Medical Officer 111 WEST LEMON AVENUE

MONROVIA, CA 91016

Signatures

/s/ John J. Kuch, 12/21/2015 Attorney-in-Fact

**Signature of Reporting Person

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).
- Includes 1,207 shares of Common Stock that were acquired by the Reporting Person on June 10, 2015 and 1,212 shares of Common **(1)** Stock that were acquired by the Reporting Person on December 15, 2015 pursuant to the Issuer's Employee Stock Purchase Plan.
- (2) Reported transaction occurred pursuant to a Rule 10b5-1 Plan adopted November 23, 2015.
- 25% of the shares subject to the option shall vest on the one year anniversary of August 1, 2012 (the "Vesting Commencement Date"), (3) and 1/48th of the shares shall vest monthly thereafter, such that the option shall be fully vested and exercisable on the four year anniversary of the Vesting Commencement Date.

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.

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