FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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| Check this box if no longer subject | |
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| o Section 16. Form 4 or Form 5 | |
| bligations may continue. See | |
| | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| 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* Desjarlais John R | | | 2. Issuer Name and Ticker or Trading Symbol Xencor Inc [XNCR] | | | | | | | | | all app | licable) tor | ng Person(s) to Is | | wner | | | |
|---|---|---------|---|-------------------------|--|--|---|------|---------------|---|------------------------|------------|---|--|---|--|--|------------|--|
| (Last) | (Fir | , | Middle |) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024 X Officer (give title below) SR. VICE PRESIDE | | | | | | | | | Other (s below) ENT & CS | ` | | | |
| 465 N HALSTEAD STREET, SUITE 200 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) PASADI | Street) PASADENA CA 91107 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | Year) Execution | | emed ion Date, /Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) | | | | | i 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/11/. | | | 03/11/20 | 024 | | | | S | | 1,280(1) | D | \$23.50 | \$23.5018 | | 8 186,433 | | D | | |
| | | Tal | ole II | - Derivati (e.g., pu | | | | | | | oosed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, Tr. Co. Co. Exercise (Month/Day/Year) If any Co. Co. | | | Transa | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Sec | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents the disposition of shares that were sold to pay withholding taxes upon vesting of 3,474 restricted stock units.

/s/ Celia E. Eckert, Attorneyin-Fact

03/12/2024

** Signature of Reporting Person

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.