FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Kuch John J | | | | | | Z. issuer Name and Ticker of Trading Symbol Xencor Inc [XNCR] | | | | | | | | | ck all applic | all applicable) Director Officer (give title | | 10% Owner Other (specify | |
|--|---|--|--|---------|------------|--|---|-------|--|------|--|---|----------------|-----------------------|---|---|---------------|--|---|
| (Last) (First) (Middle) C/O XENCOR, INC. 111 WEST LEMON AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2020 | | | | | | | | | below) | below) below) Sr. Vice President & CFO | | | |
| (Street) MONROVIA CA 91016 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form fi | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (5 | • | ole I - Noi | n-Deriv | /ativ | e Se | curities | s Aca | uired. [| Disi | nosed o | of, or Be | nef | icially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | saction | , | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or | 5. Amou | nt of s ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 03/02/ | | | | | | 2020 | | | A | | 6,777 ⁽¹⁾ A | | | \$0.00 | 80, | 80,422 | | D | |
| | | - | Table II - | | | | urities s, warra | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | Code (Inst | | | | 6. Date Exe Expiration Month/Day | Date | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Stock Option (Right to | \$32.28 | 03/02/2020 | | | A | | 40,663 | | (2) | 0 | 3/01/2030 | Commor Stock | 40 | ,663 | \$0.00 | 40,663 | 3 | D | |

Explanation of Responses:

- 1. Represents restricted stock units that vest as follows: 1/3 of the shares vest on the first, second and third anniversaries of the date of grant.
- 2. 25% of the shares subject to the option shall vest on the one year anniversary of March 2, 2020 (the "Vesting Commencement Date") and 1/48th of the shares shall vest monthly thereafter, such that the option shall be fully vested on the four year anniversary of the Vesting Commencement Date.

Remarks:

/s/ John J. Kuch

03/03/2020

** 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.