\square

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sec	tion 30(h)	of the	Ínvestmen	t Cor	npany Act	of 1940							
1. Name and Address of Reporting Person [*] Cornelissen Bart Jan					2. Issuer Name and Ticker or Trading Symbol Xencor Inc [XNCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Cornel	issen Bar	<u>t Jan</u>	Acheor me [XNCK]					Director	•		10% Ov	vner							
,						3. Date of Earliest Transaction (Month/Day/Year)						X	Officer (below)	(give title		Other (s below)	pecify		
(Last)	`	First)	(Middle)		04	04/09/2024							SR. VI	R. VICE PRESIDENT & CFO					
C/O XENCOR, INC.			4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ind	6. Individual or Joint/Group Filing (Check Applicable						
465 N HALSTEAD STREET, SUITE 200													Line)						
(Street)													X Form filed by One Reporting Person						
PASADE	ENA C	'A	91107											Form filed by More than One Reporting Person				ting	
(City)	(9	State)	(Zip)			Rule	10b5-	1(c)	Transa	acti	on Ind	icatio	n						
,	,	,	(1)		Г										, instruction	or written p	lan that	t is intended t	o satisfy
						the	affirmative of	defens	e conditions	of Ru	ule 10b5-1(0	c). See In:	structio	on 10.					
		Та	ble I - Nor	n-Der	ivativ	ve S	ecuritie	s Ac	quired,	Dis	posed o	of, or E	Bene	ficially	Owned				
Date			Date	Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		e, Transaction Code (Instr.				(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership		
) or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)										
Common Stock			04/	09/20	9/2024			A		42,26	2,265 ⁽¹⁾ A		\$0	42,265			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
									uirea, D 6, option						wnea				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code (Ir					6. Date Exercisal Expiration Date (Month/Day/Year		of Securit		rities /ing ive Se	curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Ni	mount r umber f Shares		(Instr. 4)	1011(3)		
Stock Option (Right to Buy)	\$21.55	04/09/2024			A		190,194		(2)	0	4/08/2034	Commo Stock		90,194	\$0	190,1	94	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 April 9, 2024 (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.

/s/ Celia E. Eckert, Attorney-in-	04/11/2024
Fact	<u> </u>
** 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.