## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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).

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*  Ronin Trading, LLC				2. Issuer Name and Ticker or Trading Symbol  Xencor Inc [ XNCR ]										all app		_	X 10% C	wner		
(Last) (First) (Middle) 350 N. ORLEANS STREET, 2N				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015										Office belov	er (give title w)		Other below)	(specify		
(Street) CHICAC			60654 Zip)		4. If	Ame	ndment,	Date o	f Original	Filed	(Month/Da	ay/Yea	ar)		Indivine)	Form	r Joint/Group n filed by One n filed by Mor on	e Rep	porting Pers	on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Code (Instr. 5)				4 and Securit		ities Ficially (Edition of the February (Editi		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									v	Amount		(A) or (D)	Price	Trans		action(s) 3 and 4)			(111511.4)	
Common Stock 06/			06/12	/2015				G V		180,000		D	\$0.00		7,307,240			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	Date, Transaction Code (Instr.			on of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Pri Deriv Secu (Instr	rative der rity Sec 5. 5) Ber Ow Fol Rep Tra	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code		(A)	(D)	Date Exercisable		Expiration Date	   Title	of Sha	res							

**Explanation of Responses:** 

Remarks:

/s/ Agnes Burda, Chief **Compliance Officer** 

06/12/2015

\*\* 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.