FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* <u>STAFFORD JOHN S III</u>						2. Issuer Name and Ticker or Trading Symbol Xencor Inc XNCR									Check all a	hip of Reportii pplicable) ector	Ü	erson(s) to Is	
(Last) (First) (Middle) 350 N. ORLEANS, 2N					3. Date of Earliest Transaction (Month/Day/Year) 12/16/2013										icer (give title low)		Other below)	(specify	
(Street) CHICAC			50654 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo	,			
		Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally Ow	ned			
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					nd Seci Ben Owr	mount of urities eficially ed Following orted	For (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(1	A) or D)	Price	Tran	saction(s) r. 3 and 4)			(111501.4)
Common Stock					12/16/2013				J ⁽¹⁾		174,167 A		A	(1	7,732,798			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	vative irity r. 3) Date (Month/Day/Year) Date, if any (Month/Day/Year) Derivative Security Date (Month/Day/Year)					Transaction Code (Instr.		vative rities sired r osed) r. 3, 4	Expiratio	5. Date Exercisable and Expiration Date Month/Day/Year)			or	str. 3 ount	8. Price o Derivative Security (Instr. 5)		,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sha	res					

Explanation of Responses:

1. Pro rata distribution from Drogheda, LLC.

Remarks:

/s/ John J. Kuch, Attorney-in-

Fact

** Signature of Reporting Person Date

03/14/2014

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.