| SEC Form 4 | |
|------------|--|
|------------|--|

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 | burdon | | | | | |

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] STAFFORD JOHN S III | | | 2. Issuer Name and Ticker or Trading Symbol Xencor Inc [XNCR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-----------------------|------------|--|--|---|---------|--------------------------|--|--|
| | | | | | Director | Х | 10% Owner | | |
| (Last) 350 N. ORLEAI SUITE 2N | 350 N. ORLEANS STREET | | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2017 | | Officer (give title below) | | Other (specify below) | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | idual or Joint/Group F | iling (| Check Applicable | | |
| (Street) CHICAGO | IL | 60654-1975 | | Line) X | Form filed by One I Form filed by More Person | | 0 | | |
| (City) | (State) | (Zip) | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |

ative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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 | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 08/16/2017 | | Р | | 25,000 | А | \$20.96 ⁽¹⁾ | 5,052,000 | Ι | By Ronin Capital, LLC |
| Common Stock | 08/17/2017 | | Р | | 79,035 | A | \$20.465 ⁽²⁾ | 5,131,035 | I | By Ronin Capital, LLC |
| Common Stock | 08/18/2017 | | р | | 43,500 | A | \$19.93 ⁽³⁾ | 5,174,535 | I | By Ronin Capital, LLC |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date (Month/Day/Year) s | | nd 7. Title and Amount of Securities Underlying Derivative Security (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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|-----|--|--------------------|--|--|--|--|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

1. Name and Address of Reporting Person* STAFFORD JOHN S III

| (Last) | (First) | (Middle) |
|-----------------------------------|---|------------|
| 350 N. ORLEA | NS STREET | |
| SUITE 2N | | |
| (Street) | | |
| CHICAGO | IL | 60654-1975 |
| (City) | (State) | (Zip) |
| 1. Name and Addre Ronin Capita | ess of Reporting Person [*] a <u>l, LLC</u> | |
| (Last) | (First) | (Middle) |
| 350 N. ORLEA | NS STREET | |
| | | |
| SUITE 2N | | |

| (Street) CHICAGO | IL | 60654-1975 |
|---------------------|---------|------------|
| (City) | (State) | (Zip) |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$20.92 to \$21.00. The price reported above reflects the average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

2. This transaction was executed in multiple trades at prices ranging from \$20.35 to \$20.58. The price reported above reflects the average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

3. This transaction was executed in multiple trades at prices ranging from \$19.81 to \$20.05. The price reported above reflects the average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

 /s/ John S. Stafford, III
 08/18/2017

 /s/ Agnes Burda, authorized
 08/18/2017

 signatory
 ** 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.