FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235- 0104						
Estimated average burden							
hours per response:	0.5						

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Requiring			2. Date of E Requiring S (Month/Day	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol MADRIGAL PHARMACEUTICALS, INC. [MDGL]						
(Last) 860 WASH FLOOR	(First)	(Middle) FREET, 3RD	_ 06/15/2023		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) NEW YORK (City)	NY (State)	10014 (Zip)							eck Applicable Form filed I Person	by One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
, ,				. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration		2. Date Exerc Expiration Day/\(Month/Day/\)	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		s 4. Conversio or Exercis Price of			6. Nature of Indirect Beneficial Ownership (Instr.		
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivat Securit	tive	or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Dr. Raymond Cheong 06/20/2023

** 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 5 (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.