FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TELESIT OF OUR NOTE IN DEVICE OUR

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
l	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).

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

					<u> </u>		011 00(11) 0				.pa.ry / tot	0. 20.0								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MADRIGAL PHARMACEUTICALS, INC.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Levy Richard S</u>						[MDGL]								X	Directo	r		10% Ow	ner	
(Last) (First) (Middle)						[MDGL]									Officer below)	(give title		Other (s below)	pecify	
C/O MADIGRAL PHARMACEUTICALS, INC.							3. Date of Earliest Transaction (Month/Day/Year)													
200 BARR HARBOR DRIVE, SUITE 400							06/27/2019													
200 B/11	истипсьо	R BRIVE, 5011	11 400		<u> </u>								-							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
WEST														X Form filed by One Reporting Person						
CONSH	OHOCKEN	PA	19428											Form filed by More than One Reporting						
															Person			-	·	
(City)	(S	tate)	(Zip)																	
		Tah	le I - Non	-Deriv	ative	- Se	curities	. Δc	auired I	Dier	nnsed o	of or Re	neficia	lly C	wned					
			Te i - ivoii			_			-	إداد										
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.					4 and Secu Bene Owne		ties Fo cially (D d Following (I)		: Direct Control of the control of t	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A		r Price	- 17	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
		-	Гable II - Г											y Ov	vned					
			(e.g., p	uts,	call	s, warra	ants	, option	s, c	onverti	ble secu	ırities)							
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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei	Price of rivative curity str. 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)	
				С	code	V	(A)	(D)	Date Exercisabl		xpiration vate	Title	Amoun or Numbe of Shares							
Stock Option (Right to Buy)	\$100.45	06/27/2019			A		10,000		(1)	0	6/27/2024	Common Stock	10,000		\$0.00	10,000)	D		

Explanation of Responses:

1. The option vests as to 100% of underlying shares on the first anniversary of the grant date, provided that the Reporting Person continues to serve as a director of the Issuer until such anniversary date.

Remarks:

/s/ Brian Lynch, as attorney-infact for Richard S. Levy 07/01/2019

Date

** Signature of Reporting Person

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.