SEC For	m 4 FORM	4 1	JNITED	) STA	TES S	ECUR	RITIE	ES ANI	DΕ	ХСНА	NG	E C(	OMM	ISSION					
	_		Washington, D.C. 20549									OMB APPROV			VAL				
Section 16. Form 4 or Form 5 obligations may continue. See					AT OF CHANGES IN BENEFICIAL OWNER d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									Estimat			3 Number: 32: nated average burden 's per response:		
1. Name and Address of Reporting Person <sup>*</sup> FRIEDMAN PAUL A					2. Issuer Name and Ticker or Trading Symbol <u>MADRIGAL PHARMACEUTICALS</u> , <u>INC.</u> [MDGL]								(Ch	eck all appli	cable)	10% Own ve title Other (spe			
(Last) (First) (Middle) C/O MADRIGAL PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/25/2024									below) below)					
200 BARR HARBOR DRIVE, SUITE 400					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WEST CONSHOHOCKEN PA 19428					Rule 10b5-1(c) Transaction Indication									Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)		Ch	eck this bo	x to ind	, ,	ransa	action was	made p	oursuan		tract, instruction 10.	on or writte	n plan ti	hat is intende	ed to	
		Tab	le I - Nor	n-Deriva	ative S	ecuritie	s Ac	quired,	Dis	posed	of, oi	r Ben	eficial	ly Owned	d				
1. Title of Security (Instr. 3) Date (Month/E				Execution Date,		Code (I	Transaction Di Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefici Owned I	es ally Following	Form (D) o	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 06/2				06/25	2024		Α		714 <sup>(1)</sup> A		<b>\$0.0</b>	00 186,449		D					
Common Stock													655,540				By SQN LLC <sup>(2)</sup>		
		T	able II -					uired, D s, option						v Owned					
1. Title of Derivative Security (Instr. 3)	tle of 2. 3. Transaction Date Conversion (Month/Day/Year) if any		d 4 Date, 1	Date, Transaction Code (Instr.		n of E			able and	7. Title and Amount of Securities Underlying Derivative Ser (Instr. 3 and 4		Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		
					Code V	(A)	(D)	Date Exercisabl		xpiration	Title		Amount or Number of Shares						

## Explanation of Responses:

\$280.04

Stock Option (Right to Buy)

1. Represents a grant of restricted stock units, which vest on June 25, 2025, provided the Reporting Person continues in service with the Issuer on such date.

А

2. The Reporting Person and his spouse are each managing members of SQN, LLC. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, if any, and the inclusion of these shares in this report shall not be deemed an admission of the beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpos

(3)

3. 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.

(A)

1,105

/s/ Mardi Dier, as Attorney-in-	06/27/2024			
Fact	00/21/2021			
** Signature of Reporting Person	Date			

\*\* Signature of Reporting Person

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\$<mark>0</mark>

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D

06/25/2031

Common Stock

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).

06/25/2024

\*\* 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.