FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
l	OMB Number:	3235-0287							
l	Estimated average burden								
I	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).

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

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1. Name and Address of Reporting Person* <u>Taub Rebecca</u>					2. Issuer Name and Ticker or Trading Symbol MADRIGAL PHARMACEUTICALS, INC. [MDGL]							Relationship of Reporting Person(s) to Issuer (Check all applicable)				
											_	X Directo	or	10% Ow	ner	
(Last) (First) (Middle)												X Officer below)	(give title	Other (s below)	pecify	
C/O MADRIGAL PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year)						Chief Medical Officer, EVP R&D				
200 BARR HARBOR DRIVE, SUITE 200					03/07/2019											
				⊢												
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
WEST CONSHOHOCKEN PA 19428											X Form f	1				
												Form filed by More than One Reporting				
												Persor	1			
(City)	(S	tate)	(Zip)													
		Tab	le I - Non-I	Derivativ	re Se	curities	s Ac	quired, Di	isposed o	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transac												5. Amou			7. Nature	
Date (Month/I				ate Month/Day/\	′ear) i	Execution Date if any (Month/Day/Yea		Code (Ins			tr. 3, 4 and	Benefici	ally (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
				- [Amount (A) or D		Reported	d				
								Code V	Amount	(D)	Price	(Instr. 3				
		-	Γable II - De	erivative	Seci	urities	Acq	uired, Dis	posed of	or Ben	eficially	Owned				
			(e.	.g., puts	, calls	s, warr	ants	, options,	converti	ble secu	rities) ์					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	oer	6. Date Exerc		7. Title an		8. Price of	9. Number of		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Yea		action (Instr.			Expiration Day/		of Securities Underlying		Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative	ative		ear) 8)					Derivative Security (Instr. 3 and 4)		(Instr. 5)	Beneficially Owned Following Reported	Direct (D) or Indirect	Ownership (Instr. 4)		
	Security				(A) or Disposed			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			(I) (Instr. 4)	,	
						of (D) (Instr. 3, 4 and 5)							Transaction(s)	s)		
						0, 4 and	,				Amount	-	(
											or Number					
				Code	l _v	/ _(A)		Date Exercisable	Expiration Date	Title	of Shares					
Cr1				Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A)	(D)	Evercisable	Date	Title	Silaies					
Stock Option	\$127.96	03/07/2019		A		38,000		(1)	03/07/2029	Common	38,000	\$0.00	38,000	D		
(Right to Buy)	Ψ127.30	03/0//2013		l A		30,000		(-)	03/07/2029	Stock	50,000	Ψυ.υυ	30,000			

Explanation of Responses:

1. The option vests as to 25% of the shares on the first anniversary of the date of grant (March 7, 2020) and, thereafter, 6.25% of the shares shall vest on the last day of each successive three month period, provided the Reporting Person continues in service with the Issuer on each such date.

03/11/2019 /s/ Brian J. Lynch **

** 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.

^{**} As attorney-in-fact for Reporting Person