FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
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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

							()													
1. Name a		2. Issuer Name and Ticker or Trading Symbol MADRIGAL PHARMACEUTICALS, INC.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>Taub Rebecca</u>						[MDGL]								X Directo	or		10% Ow	ner		
(Last) (First) (Middle)						[MDGE]								X Officer below)	(give title		Other (spelow)	pecify		
	DRIGAL P	HARMACEUTI	3. [3. Date of Earliest Transaction (Month/Day/Year)								Pres., R&D, and CMO								
C/O MADRIGAL PHARMACEUTICALS, INC.						03/05/2020														
200 BARR HARBOR DRIVE, SUITE 200																				
(Street)					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
WEST CONSHOHOCKEN PA 19428				1									X Form f	·						
													Form filed by More than One Reporting							
					1									Persor	1					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-	-Deriva	ative	e Sec	curities	s Ac	quired, D	ispose	ed o	f, or Be	neficial	ly Owned						
1. Title of Security (Instr. 3) 2. Transac																	'. Nature			
Date (Month/Date					Day/Ye	ar) i	Execution Date if any (Month/Day/Yea		Code (In	Transaction Disposed Code (Instr. 5)		d Of (D) (Ins	tr. 3, 4 and	Benefici	ally (D) c Following (I) (II		or Indirect E nstr. 4) (of Indirect Beneficial Ownership (Instr. 4)		
ľ									r) 8)		<u> </u>			Owned F Reported		(I) (Ins				
								Code	V Amount		(A) oi (D)	Price	Transact	tion(s)		`	,			
									1,,			211u 4)								
		٦	able II - D در						uired, Dis , options					Owned						
				-		Calls	<u>. </u>	_	•									1		
1. Title of Derivative	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Da	ate. 4.	l. Tansa	ction	5. Number of		6. Date Exercisable and F. Title and F. Expiration Date 7. Title and F.				8. Price of Derivative			10. Ownership	11. Nature of Indirect			
Security		(Month/Day/Year)	if any (Month/Day/)		Code (Instr.				(Month/Day/Year)			Underlying Derivative Securit		Security (Instr. 5)	Securities Beneficially Owned		Form: B Direct (D) C or Indirect (I	Beneficial Ownership		
(Instr. 3)			(Month/Day/1	rear) 8)					(Instr. 3 and 4)					(instr. 5)				(Instr. 4)		
	Security														Following Reported		(I) (Instr. 4)			
														Transaction (Instr. 4)	ion(s)					
				-			0, 4 and	,					Amount	-	(,					
													or							
									Date	Expirat	ion		Number of							
				c	ode	٧	(A)	(D)	Exercisable	Date		Title	Shares							
Stock												Comme								
Option (Right to	\$91.79	03/05/2020			Α		44,000		(1)	03/05/2	2030	Common Stock	44,000	\$0.00	44,000		D			
Buy)																				

Explanation of Responses:

1. The option vests as to 25% of the shares on the first anniversary of the date of grant (March 5, 2021) 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.

** As attorney-in-fact for Reporting Person

03/05/2020 /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.