FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

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

| OMB APPROVAL | | | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average but | rden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| Name and Address of Reporting Person* MILLIGAN DAVID V | | | | | | 2. Issuer Name and Ticker or Trading Symbol MADRIGAL PHARMACEUTICALS, INC. MDGL | | | | | | | | 5. Relationship of Re (Check all applicable) X Director | | | g Pers | son(s) to Iss 10% O | | |
|--|--|--|--|--------|--|---|---------|--------|--|------------|--------------------|--|-----------------------------------|---|-------------------------------------|--|---|--|--|--|
| (Last) | (F | irst) | (Middle) | | | | | | | | | | | | Officer below) | (give title | | Other (below) | specify | |
| C/O MADRIGAL PHARMACEUTICALS, INC. 200 BARR HARBOR DRIVE, SUITE 400 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2018 | | | | | | | | | | | | | | |
| (Street) WEST CONSHOHOCKEN PA 19428 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | ′ | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Securitie Benefici | | es Fo ally (D Following (I) | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | е | Transact (Instr. 3 | ion(s) | | | (11150.4) | |
| Common Stock 11/14/. | | | | | | 4/2018 | | | М | M 10,000 A | | \$10 | 5.46 | 30, | 30,000 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, T | Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | D | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | c | ode | v | (A) (D) | | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Stock Option (Right to | \$16.46 | 11/14/2018 | | | М | | | 10,000 | 06/29/20 | 18 | 06/29/2027 | Common Stock | 10,00 | 00 | \$0 | 0 | | D | | |

Explanation of Responses:

/s/ Michael Lawhead, as attorney-in-fact for David

11/14/2018 **Milligan**

** 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.