UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER
PURSUANT TO RULE 13a-16 OR 15d-16
UNDER THE SECURITIES EXCHANGE ACT OF 1934

For the Month of June 2017
Commission File Number: 001-38097

ARGENX SE
(Translation of registrant's name into English)

Willemstraat 5
4811 AH, Breda, the Netherlands
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

EXHIBITS

Exhibit	Description
99.1	Press Release dated June 14, 2017
99.2	Poster presented on June 14, 2017

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

ARGENX SE

Date: June 14, 2017

By: /s/ Tim Van Hauwermeiren
Tim Van Hauwermeiren

Chief Executive Officer

Exhibit 99.1

argenx presents update on Phase I data from ARGX-110 expansion study in patients with cutaneous T-cell lymphomas at the International Conference of Malignant Lymphoma (ICML)

June 14, 2017

Breda, the Netherlands / Ghent, Belgium — argenx (Euronext & Nasdaq: ARGX), a clinical-stage biotechnology company developing a deep pipeline of differentiated antibody-based therapies for the treatment of severe autoimmune diseases and cancer, today presented updated data from its Phase 1b expansion study of ARGX-110 in patients with different subtypes of relapsed/refractory cutaneous T-cell lymphoma (CTCL) and various disease stages, at the International Conference of Malignant Lymphoma (ICML) in Lugano, Italy.

"Analysis of the skin biopsies continues to strengthen the biological rationale of targeting CD70 with ARGX-110. Clinical activity was observed in patients across different CTCL subtypes (mycosis fungoides, Sézary syndrome, panniculitis-like TCL) and different disease stages whilst the drug shows a favorable safety and tolerability profile," commented Nicolas Leupin, Chief Medical Officer of argenx. "Improved pruritis was observed in some of the patients and will be further monitored to explore ARGX-110 modes of action in skin of CTCL patients."

The updated data from the currently ongoing Phase Ib study continue to show evidence of clinical and/or biological anti-tumor activity with ARGX-110. We observed partial response and stable disease, respectively, in three and seven out of 16 patients with highly relapsed/refractory CTCL and confirmed overexpression of CD70. Treatment-emerging adverse events were reported for six out of 16 patients. The poster presented at ICML can be accessed from the "Downloads" section of the argenx website.

In April 2017, argenx announced the initiation of a Phase II trial of ARGX-110 as a monotherapy in relapsed/refractory CTCL patients, in order to further examine the activity of the product candidate, using the optimal dose and biomarker panel determined during the Phase Ib trial.

About ARGX-110

ARGX-110 is a SIMPLE Antibody™ targeting CD70, an immune checkpoint target involved in hematological malignancies, several solid tumors and severe autoimmune diseases. ARGX-110 is designed to: i) block CD70, ii) kill cancer cells expressing CD70 through antibody-dependent cellular phagocytosis and iii) restore immune surveillance against solid tumors *(Silence K. et al. mAbs 2014; 6 (2):523-532)*. ARGX-110 is currently being evaluated in patients with hematological and solid tumors. ARGX-110 is currently being evaluated in a Phase II trial in combination with azacitidine in patients with newly diagnosed acute myeloid leukemia (AML) and high-risk myelodysplastic syndrome (MDS) and a Phase II trial in patients with relapsed/refractory CTCL. Preclinical work on ARGX-110 in AML was performed in collaboration with the Tumor Immunology Lab of Prof. A. F. Ochsenbein at the University of Bern, who won, together with Prof. Manz from the University Hospital of Zürich, the prestigious 2016 *Otto Naegeli Prize* for his breakthrough research on CD70/CD27 signaling with therapeutic potential for cancer patients.

About argenx

argenx is a clinical-stage biotechnology company developing a deep pipeline of differentiated antibody-based therapies for the treatment of severe autoimmune diseases and cancer. We are focused on developing product candidates with the potential to be either first-in-class against novel targets or best-in-class against known, but complex, targets in order to treat diseases with a significant unmet medical need. Our ability to execute on this focus is enabled by our suite of differentiated technologies. Our SIMPLE Antibody™ Platform, based on the powerful llama immune system, allows us to exploit novel and complex targets, and our three antibody engineering technologies are designed to enable us to expand the therapeutic index of our product candidates.

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Forward-looking Statements

The contents of this announcement include statements that are, or may be deemed to be, "forward-looking statements." These forward-looking statements can be identified by the use of forward-looking terminology, including the terms "believes," "estimates," "anticipates," "expects," "intends," "may," "will," or "should," and include statements argenx makes concerning the intended results of its strategy; and including statements regarding the encouraging clinical data of ARGX-110, the potential implications of these data for the future development of ARGX-110, and argenx's advancement of, and anticipated clinical development and regulatory milestones and plans related to ARGX-110. By their nature, forward-looking statements involve risks and uncertainties and readers are cautioned that any such forward-looking statements are not guarantees of future performance. argenx's actual results may differ materially from those predicted by the forward-looking statements as a result of various important factors, including argenx's expectations regarding its the inherent uncertainties associated with competitive developments, preclinical and clinical trial and product development activities and regulatory approval requirements; argenx's reliance on collaborations with third parties; estimating the commercial potential of argenx's product candidates; argenx's ability to obtain and maintain protection of intellectual property for its technologies and drugs; argenx's limited operating history; and argenx's ability to obtain additional funding for operations and to complete the development and commercialization of its product candidates. A further list and description of these risks, uncertainties and other risks can be found in argenx's U.S. Securities and Exchange Commission (SEC) filings and reports,

including in the final prospectus related to argenx's initial U.S. public offering filed with the SEC pursuant to Rule 424(b) of the Securities Act of 1933, as amended, as well as subsequent filings and reports filed by argenx with the SEC. Given these uncertainties, the reader is advised not to place any undue reliance on such forward-looking statements. These forward-looking statements speak only as of the date of publication of this document. argenx undertakes no obligation to publicly update or revise the information in this press release, including any forward-looking statements, except as may be required by law.

CD70 expression in cutaneous T cell lymphoma (CTCL) patients and mechanisms of action of ARGX-110 in skin: histopathological and clinical data

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Introduction

Figure 1

CD70 is an attractive therapeutic target because of its limited expression in healthy tissue and over expression in tumors. ARGX-110 is a CD70 targeting antibody with several modes of action as indicated in Figure 1. It is currently being evaluated as monotherapy (q3w) in a phase I/II study in patients with CD70+ advanced cancers of different ethiologies, including R/R CTCL patients.

Preliminary results (May 2017)

CD70 expression in CTCL by IHC (n=39)

Immunohistochemistry showed >10% expression of CD70 in 74% (29/39) of CTCL patient samples (Figure 2), including 16 patients treated with ARGX-110.

Heterogeneous heavily pretreated patient population based on demographics at screening (Table 1).

Figure 2

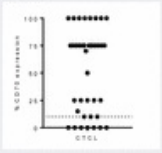


Table 1

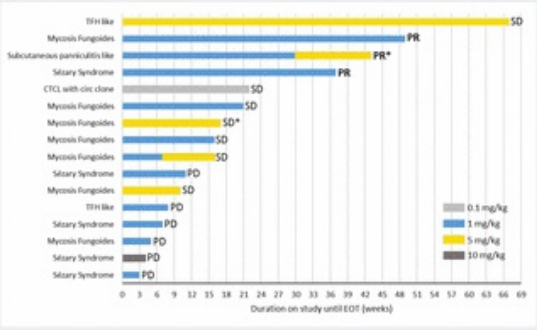
Characteristics		CTCL (n=16)
Age (years)	Median	63.3
	Range	27-86
Sex	Male	8
	Female	8
Race	Caucasian	6
	Other	8
ECOG	Grade 0	9
	Grade 1-2	7
Time since cancer diagnosis (years)	<5 years	3
	>5-10 years	6
	>10 years	7
Prior cancer treatments (n)	Chemotherapy	71
	Antibody therapy	12
	PUVA	1
	Other targeted therapy	4

Duration on study, best response and safety in CTCL patients (n=16)

A total of 16 relapsed/refractory patients (stage I-IV) have been treated with ARGX-110 in an ongoing phase I/II study (Figure 3). Disease control (SD+PR) has been observed in 63% (10/16) of patients with 3 partial responses (PR) according to investigator review. Two patients are still on the study (*).

A total of eight TEAEs of grade 3 and one grade 5 were reported (until April 2017). No specific toxicity trend was identified.

Figure 3



ARGX-110 Conclusions and further perspectives

- ARGX-110 has a favorable safety and tolerability profile
- Clinical activity in patients across different CTCL subtypes (MF, SS, panniculitis) and all disease stages (1-4)
- Some cases of improved pruritus were observed by some of the investigators (data not included in clinical study database)
- Based on these data a Phase 2 monotherapy study with ARGX-110 at 5 mg/kg q3w is currently recruiting R/R CTCL patients
- Biopsies will be collected to further explore ARGX-110 modes af action in skin of CTCL patients and pruritus will be monitored

Preliminary results – patient anecdotes

Patient 1

A subcutaneous panniculitis-like patient with 75-100% CD70$^+$ CD8$^+$ neoplastic T-lymphocytes before treatment, showed decreased numbers of neoplastic cells in the biopsy of the target subcut lesion after four doses of ARGX-110 (Figure 4, red arrows). This correlated with the ^{18}FDG-PET results showing a response in this patient which further improved to reach partial response (PR) at C8 (Figure 5). Pictures of scans are a kind gift of the investigator.

Patient	84-year old female, Diagnosed June 2015
Tumor	Skin T3, Nodal N0, Visceral M0, Blood B0
Nr doses	11 (1 mg/kg q3w + 3 (5 mg/kg q6w) in maintenance

Figure 4

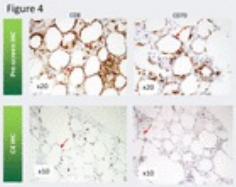
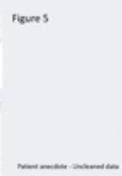


Figure 5



Patient anecdote - Uncleaned data

Patient 2

A CTCL-MF patient with several prior treatments had a partial respone with plaque to patch regression after five doses of ARGX-110 as shown by mSWAT (Figure 6). Pictures kindly provided by investigator.

Patient	79 year old female with CTCL-MF, diagnosed 2007
Tumor	Skin T2, N0, M0, B0 (stage IB)
Nr doses	16, 1 mg/kg q3w

Figure 6

Patient anecdote - Uncleaned data

Patient 3

A CTCL-MF patient with several prior treatments, reached stable disease (SD) with 42% reduction in mSWAT, but was discontinued at C6. IHC of skin biopsy after one dose of ARGX-110 at q3W, showed decreased numbers of CD4$^+$ neoplastic cells and infiltrate of CD8$^+$ reactive cells (Figure 7).

Patient	67 year old man, diagnosed on 21 Jan 2001
Tumor	Skin T4, Nx, M0, B0
Nr doses	6, 1 mg/kg q3w

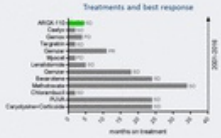
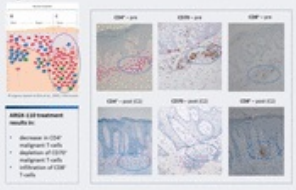


Figure 7



Patient anecdote - Uncleaned data

Acknowledgements

We would like to thank all investigators and all the patients for participating in this study.