FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Williams Peter J. | | | | | 2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [IMGN] | | | | | | | | | eck all app Dired | olicable) ctor | g Person(s) to I | Owner | | |
|--|--|--|---|---|--|--|-------------------|------|--|-------------------|--------------------|---|---|---|--|---|---|--|--|
| (Last) (First) (Middle) C/O IMMUNOGEN, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2017 | | | | | | | | | belov | , | below Developmen | ′ I | | |
| (Street) WALTHA | | |)2451 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) K Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/I | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (Instr. 5) | | | | Securi Benefi | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Transa | action(s) 3 and 4) | | (Instr. 4) | | | |
| Common Stock 02/2 | | | | 02/23 | /2017 | | A | | 2,000 A S | | \$2.57 | 50,620 | | 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. Deeme Execution if any (Month/Da | Date, | 4. Transacti Code (Ins 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | Price of erivative ecurity nstr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Numl of Share | | | | | | |

Explanation of Responses:

/s/ Craig Barrows, attorney in

<u>fact</u>

** Signature of Reporting Person

Date

02/24/2017

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.