FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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 and Address of Reporting Person*  Wallace Richard John					2. Issuer Name <b>and</b> Ticker or Trading Symbol  IMMUNOGEN INC [ IMGN ]						ck all applica	able)	orting Person(s) to Issuer 10% Owner			
(Last) 1578 SE	`	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/20/2019						Officer ( below)		Other (specify below)			
(Street) PORT ST	Г. <sub>FI</sub>	L	34952	4	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Ind Line)	Form fil	oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting					
(City)	(S	tate)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date		Transacti ate Ionth/Day	Execution Date,		Code (Instr	Disposed (	es Acquired Of (D) (Instr	(A) or . 3, 4 and 5	5. Amoun Securities Beneficial Owned Fo Reported	ily (	6. Owner Form: Di (D) or Inc (I) (Instr.	rect In lirect B 4) O	7. Nature of ndirect Beneficial Dwnership Instr. 4)			
							Code V	Amount	(A) or (D)	Price	Transaction	Transaction(s) (Instr. 3 and 4)			11501. 4)	
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)	Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any		Code	nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Deferred Share Unit	\$0 <sup>(1)</sup>	06/20/2019		A		4,000		09/01/2019 <sup>(3)(2)</sup>	(2)	Common Stock <sup>(2)</sup>	4,000	\$0 <sup>(1)</sup>	55,326		D	
Stock Option (right to buy)	\$2.1	06/20/2019		A		18,000		09/01/2019 <sup>(4)</sup>	06/20/2029	Common Stock	18,000	\$2.1	18,000		D	

## Explanation of Responses:

- 1. The deferred share units were issued pursuant to the Issuer's Compensation Policy for Non-Employee Directors and are convertible into Common Stock on a one-to-one basis.
- 2. The vested deferred share units are to be settled 100% in shares of Common Stock of the Company upon the reporting person's retirement from the Board of Directors.
- 3. The deferred share units vest quarterly on 9/1/19, 12/1/19, 3/1/20 and 6/1/20, contingent upon the individual remaining a director as of each vesting date.
- 4. Exercisable as to 4,500 shares on 9/1/19, 12/1/19, 3/1/20 and 6/1/20, contingent upon the individual remaining a director as of each vesting date.

/s/ Craig Barrows, attorney in fact 06/24/2019

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.