FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL											
OMB Number:	3235-028										
Estimated average h	ourdon										

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Estimated average burden 0.5 hours per response:

					or Sec	ction 30(h) of th	ne Investmer	nt Co	mpany Act o	f 1940							
1. Name and Address of Reporting Person* MCCLUSKI STEPHEN C				2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [IMGN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												2	X Director			10% Owner		
(Last)	(F NDHILL W	irst)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/13/2017								Officer (give title below) Other (below)				specify		
TO GRADUILL WAT					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. II AII	enument	, Dale	e of Original	riieu	(WOTH // Day	rear)	Line		Jiii/Group	rillig	(Check Ap	Jiicable	
PITTSFO	ORD N	Y	14534									2	Form fil	led by One	e Repo	rting Perso	n	
11110101													Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)															
		Та	ble I - Non	-Deriva	tive S	ecuriti	es A	cquired,	Dis	posed of	, or Ben	eficially	Owned					
Date		2. Transa Date (Month/D	Execution Dat Day/Year) if any		xecution Date,		Transaction Disposed Of (D) Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and		Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	t (A) or P			Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
			Table II - D					quired, D ts, optior					Dwned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	nsaction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e sally g i ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisable	•	Expiration Date	Title	Amount or Number of Shares						
Deferred Share Unit	\$0 ⁽¹⁾	06/13/2017		A		3,000		09/01/2017 ⁽	3)(2)	(2)	Common Stock ⁽²⁾	3,000	\$0 ⁽¹⁾	50,45	58	D		
Stock							1	I	٦									

09/01/2017(4)

06/13/2027

Explanation of Responses:

Option

(right to

buy)

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.

10,000

- 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 9/1/17, 12/1/17, 3/1/18 and 6/1/18, contingent upon the individual remaining a director as of each vesting date.
- 4. Exercisable as to 2,500 shares on 9/1/17, 12/1/17, 3/1/18 and 6/1/18, contingent upon the individual remaining a director as of each vesting date.

/s/ Craig Barrows, attorney in 06/15/2017 **fact**

\$4.64

10,000

D

** Signature of Reporting Person Date

10,000

Stock

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).

06/13/2017

** 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.