FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasinington,	D.C.	20343

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	ROVAL						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4 Transactions Re	ported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and Address of Repien HOWARD	2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [IMGN]						Relationship of Reporting Policy (Check all applicable) X Director				. ,	Issuer Owner				
(Last) (First 6 CARRIAGE HOUS)	,	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2010				Year)	Officer (give titl below)			е	Othe belo	er (specify w)		
(Street) CHERRY HILL NJ (City) (State		8003 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							.ine)	Individual or Joint/Group Filing (Check Applicable le) X 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. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securit Benefic		ies Ow cially For			7. Nature of ndirect Beneficial Ownership	
						Amoui	nt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/28/2009			S5		5	2,	168	D	\$8.05		0			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) of Dispo	ivative (Month posed D) str. 3, 4 15)		ate Exercisable and ration Date hth/Day/Year) Expiration cisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numboof Title Shares		unt per				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

/s/ Craig Barrows, attorney in

<u>fact</u>

** Signature of Reporting Person

08/10/2010

Date

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.