## FORM 4

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

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

## ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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*     Morris Charles Q						2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [ IMGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title Other (specify					
(Last) (First) (Middle) C/O IMMUNOGEN, INC. 830 WINTER STREET						3. Date of Earliest Transaction (Month/Day/Year) 01/21/2014								^ below		VP 8	below)	эрсспу	
(Street) WALTHAM MA 02451  (City) (State) (Zip)					_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(5.13)				on-Deri	vativ	e Se	curit	ties Ac	auire	d. Di	isposed o	of. or Be	neficia	Ilv Owne					
1. Title of Security (Instr. 3)  2. Trans Date				2. Transa Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securitie	s Acquired (A) or of (D) (Instr. 3, 4 an		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock			01/21/2	01/21/2014(2)			2)			5,535	A	\$11.9	3 43	43,035		D			
Common Stock			01/21/2014		1		S		5,535	D	\$17 <sup>(1</sup>	37,500		D					
Common Stock		01/22/	01/22/2014						1,603	A	\$11.9	39,103			D				
Common Stock 01/22/2			2014	014		S		1,603	D	\$17.00	04 <sup>(1)</sup> 37,500			D					
		٦	Table II								posed of, converti			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) e of /ative		med on Date, Day/Year)	4. Transa Code ( 8)	action	5. Number ion of		6. Date Exerci Expiration Dat (Month/Day/Ye		sable and te	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Coss Fully Do	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$11.93	01/21/2014			M			5,535	11/26/20	)13 <sup>(3)</sup>	11/26/2022	Common Stock	5,535	\$11.93	194,46	55	D		
Stock Option (right to	\$11.93	01/22/2014			M			1,603	11/26/20	)13 <sup>(3)</sup>	11/26/2022	Common Stock	1,603	\$11.93	192,86	52	D		

## **Explanation of Responses:**

buy)

- 1. Weighted average price of shares sold.
- 2. The transactions reported in this Form 4 were effected pursuant to a 10b5-1 trading plan executed by the reporting person on August 29, 2013.
- 3. Exercisable as to 50,000 shares commencing on November 26, 2013, 50,000 shares commencing on November 26, 2014, 50,000 shares commencing on November 26, 2015, and 50,000 shares commencing on November 26, 2016

/s/ Craig Barrows, attorney in

01/23/2014

**fact** 

\*\* Signature of Reporting Person

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.