FORM 4

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

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 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*						2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [ IMGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Morris Charles Q													Director			10% Ow		
					O. Data of Fadinat Tanana tina (Manth/Pau/Man)								Officer (	(give title		Other (sp	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2014								,	Executive VP & CDO				
C/O IMMUNOGEN, INC.						J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.												
830 WINTER STREET																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														ed by One	Repor	ting Person		
WALTHAM MA		02451										Form filed by More than One Reporting				na		
													Person	ou 5,o.	o tricti	опо порога	9	
(City)	(S	tate)	(Zip)															
		Ta	hle I - Non-D	orivati	ivo S	ocuritio	ς Λ <i>α</i>	auired	Dic	nosed o	f or Bor	oficially	Owned					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date					action 2A. Deemed			3. Transa	ction	4. Securities Acquired (A) n Disposed Of (D) (Instr. 3, 4		d (A) or r. 3, 4 and 5	5. Amoun Securities				7. Nature of Indirect	
				(Month/Day/Year)		if any (Month/Day/Yea		Code (Instr. ar) 8)		l .			Beneficial Owned Fo			Beneficial Ownership		
						(		′   <del>"    </del>			(A) or		Reported Transaction	,  ,,,	(,, (		(Instr. 4)	
								Code	V	Amount	(A) or (D)	Price	(Instr. 3 a					
			Table II - De	rivativ	<u> </u>	ruritiae	Δςα	uired D	ien	need of	or Rene	ficially (	Jwned					
								s, option					JWIIEG					
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date of Securit (Month/Day/Year) Underlyin			d Amount	8. Price of			10.	11. Nature		
Derivative Security	Conversion or Exercise		Execution Date, if any								of Securit Underlyin		Derivative Security	derivative Securities		Ownership Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year)					Derivative Sec (Instr. 3 and 4)				Security	(Instr. 5)	Beneficially Owned Following		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
	Security											iu 4)						
													4	Reported Transaction(s)				
												Amount or		(Instr. 4)				
				Code	l,	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares						
Cr. d				Code	+	(^)	(0)	Exercisable	, I	Duit	Title	Or Orlaites	-	_			<del>                                     </del>	
Stock option	\$10.79	07/17/2014		A		110.000		07/17/2015	<sub>(1)</sub>	07/17/2024	Common	110,000	\$10.79	110.00	00	D		
(right to	φ10./3	0//1//2014		^		110,000		0//1//2015	ľ	07/11/12024	stock	110,000	φ10./3	110,00	00	"		

## **Explanation of Responses:**

 $1.\;Exercisable\;as\;to\;36,667\;shares\;commencing\;on\;July\;17,\;2015,\;36,667\;shares\;commencing\;on\;July\;17,\;2016\;and\;36,666\;shares\;commencing\;on\;July\;17,\;2017,\;2018,\;2019,\;2$ 

/s/ Craig Barrows, attorney in fact

07/18/2014

\*\* 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.