FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-028

37 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 CARTER DAVID WARREN						IMMUNOGEN INC [IMGN]									check all a	applicable) Director		10% Owner		
(Last) 468 HOL	(Fi	, i	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/02/2009										ficer (give title low)		Other below)	(specify	
(Street) ST. HEL			94574 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo					
		Tabl	e I - No	n-Deriv	/ative	Se	curitie	s Acc	μired,	Dis	posed o	f, or	Bene	ficia	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Tran Date (Month					action Day/Yea	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					A) or 3, 4 ar	d Sed Ber Ow	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(1	A) or D)	Price	Tra	nsaction(s) tr. 3 and 4)			(111311.4)		
Common	Stock			11/02	2/2009				S		20,000	0	D	\$6.7	'52	65,000 D				
Common	Stock			11/03	3/2009				S		20,000	0	D \$6.776 45,000 D							
		Та									sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	Code (Ins		on of		6. Date E Expiratio (Month/D	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	8. Price of Derivativ Security (Instr. 5)		Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership Form:	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Shai	ber						

Explanation of Responses:

/s/ Craig Barrows, attorney in

11/04/2009

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.