UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): January 13, 2020

ImmunoGen, Inc.

(Exact name of registrant as specified in its charter)

Massachusetts	**0-17999**	**04-2726691**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

830 Winter Street, Waltham, MA 02451
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (781) 895-0600

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol**	**Name of Each Exchange on Which Registered**
Common Stock, $.01 par value	IMGN	NASDAQ Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter.

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

ITEM 2.02. – RESULTS OF OPERATIONS AND FINANCIAL CONDITION.

On January 13, 2020, ImmunoGen, Inc. (also referred to as "we", "our", "us" or "ImmunoGen") disclosed at the 38th Annual JP Morgan Healthcare Conference that while we have not finalized our full financial results for the year ended December 31, 2019, we expect to report that we had approximately $176 million of cash and cash equivalents as of December 31, 2019. This amount is preliminary, has not been audited and is subject to change pending completion of our audited financial statements for the year ended December 31, 2019. Additional information and disclosures would be required for a more complete understanding of our financial position and results of operations as of December 31, 2019. It is possible that we or our independent registered public accounting firm may identify items that require us to make adjustments to the preliminary estimated cash and cash equivalents balance set forth above and those changes could be material.

The information in this Item 2.02 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing.

ITEM 7.01. – REGULATION FD DISCLOSURE.

Our management will present an overview of our business at the 38th Annual JP Morgan Healthcare Conference, beginning on January 13, 2020. Attached as Exhibit 99.1 to this current report on Form 8-K is a copy of the slide presentation we will be using at the conference.

The information referenced in this Item 7.01 and contained in Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing. This current report on Form 8-K will not be deemed an admission as to the materiality of any information furnished pursuant to this Item 7.01 that is being disclosed pursuant to Regulation FD.

Please refer to slide 2 of Exhibit 99.1 for a discussion of certain forward-looking statements included therein and the risks and uncertainties related thereto.

ITEM 9.01. – FINANCIAL STATEMENTS AND EXHIBITS.

(d): Exhibits

Exhibit No.	Exhibit
99.1	Presentation Materials for 38th Annual JP Morgan Healthcare Conference
104	Cover Page Interactive Data File (embedded within the Inline XBRL (eXtensible Business Reporting Language) document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ImmunoGen, Inc.
(Registrant)

Date: January 13, 2020

/s/ David G. Foster

David G. Foster
Vice President, Finance

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TARGET A BETTER NOW

Nasdaq: IMGN

Corporate Presentation
As of January 13, 2020

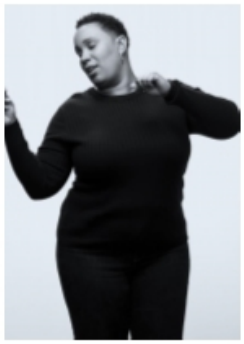
FORWARD-LOOKING STATEMENTS

This presentation includes forward-looking statements regarding ImmunoGen's expectations related to the design and potential success of ImmunoGen's future mirvetuximab soravtansine and IMGN632 clinical studies and regulatory pathways, including the timing of initiating and receiving data from, as well as the likelihood of success of, the planned registration studies of mirvetuximab; the occurrence, timing, and outcome of other potential preclinical, clinical, and regulatory events related to ImmunoGen's and its collaboration partners' programs; and potential future collaborations. For these statements, ImmunoGen claims the protection of the safe harbor for forward-looking statements provided by the Private Securities Litigation Reform Act of 1995. Various factors could cause ImmunoGen's actual results to differ materially from those discussed or implied in the forward-looking statements, and you are cautioned not to place undue reliance on these forward-looking statements, which are current only as of the date of this presentation. Factors that could cause future results to differ materially from such expectations include, but are not limited to, the risks and uncertainties inherent in the Company's development programs, including clinical studies and regulatory processes, their timings and results, including the possibility that future studies of mirvetuximab fail to confirm the hypotheses suggested by the exploratory analyses of the FORWARD I data. A review of these risks can be found under the heading "Risk Factors" in ImmunoGen's Annual Report on Form 10-K for the year ended December 31, 2018 and subsequent documents filed with the Securities and Exchange Commission.

WHY IMMUNOGEN?

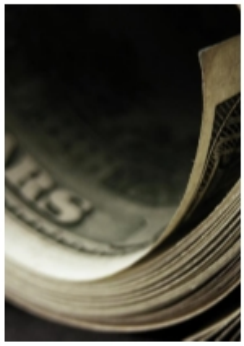
ROBUST DATA IN LEAD MIRVETUXIMAB PROGRAM

ACCELERATED PATH TO PIVOTAL DATA IN 2021 AND POTENTIAL APPROVAL IN 2022



ANTICIPATED COMPENDIA LISTING FOR FOLLOW-ON INDICATIONS BEGINNING IN 2022

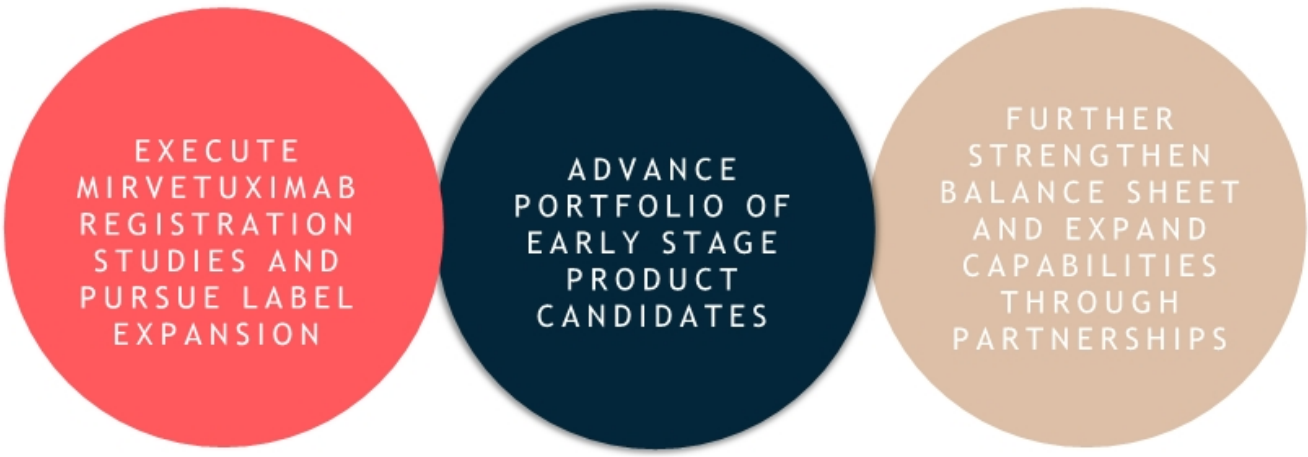
DIVERSE PORTFOLIO OF EARLY STAGE PRODUCT CANDIDATES



STRONG CASH POSITION

STRATEGIC PRIORITIES

BRINGING ANTIBODY-DRUG CONJUGATES TO CANCER PATIENTS



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SOMEONE YOU KNOW HAS
BEEN DIAGNOSED WITH
OVARIAN CANCER…
WHAT'S NEXT
FOR HER?
5
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OVARIAN CANCER IS THE LEADING CAUSE OF DEATH FROM GYNECOLOGICAL CANCERS

>14,000 WOMEN DIE ANNUALLY FROM OVARIAN CANCER IN US[1]

[1]NIH SEER Data: Estimated New Cases, 2019.
[2]JCO: Vol 33, No. 32, Nov 2015. [3]Gyn Onc 133(2014) 624-631.
PFS: progression-free survival; PARPi: poly-ADP ribose polymerase inhibitor; BEV: bevacizumab

MOST PATIENTS DEVELOP PLATINUM-RESISTANT DISEASE: LIMITED OPTIONS WITH POOR OUTCOMES

- Low response rates and short PFS with current single agents[2, 3]
- Significant toxicities associated with current treatments[2, 3]

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MIRVETUXIMAB SORAVTANSINE

KEY ATTRIBUTES

- ADC with distinct FRα target and mechanism of action
- Demonstrated activity in patients with platinum-resistant and platinum-sensitive ovarian cancer[1]
- Well tolerated with differentiated safety profile
- Potential in other FRα-positive solid tumors

DEVELOPMENT STRATEGY

- Seek initial label as monotherapy in platinum-resistant ovarian cancer
- Pursue combinations with approved agents to expand into earlier lines of therapy
- Lever cooperative groups and ISTs to generate complementary data

DESIGNED TO DISPLACE CHEMOTHERAPY TO DELIVER MORE GOOD DAYS FOR WOMEN WITH OVARIAN CANCER

[1]ASCO 2017 Poster; Moore K., et. al.
FRα: folate receptor alpha; IST: investigator sponsored trial

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ALIGNED WITH FDA RECOMMENDATIONS

WOMEN WITH FRα-HIGH PLATINUM-RESISTANT OVARIAN CANCER THAT HAS PROGRESSED AFTER PRIOR TREATMENT WITH BEVACIZUMAB REQUIRE BETTER THERAPEUTIC OPTIONS

12% ORR

EXPECTATION FOR BEST AVAILABLE THERAPIES[1,2]

[1]AVASTIN prescribing information. [2]ESMO 2018; Gaillard S., et. al.
ORR: confirmed overall response rate; mDOR: median duration of response
CI: confidence interval

MIRVETUXIMAB:

POTENTIAL FOR ACCELERATED APPROVAL

SUPPORTING DATA

POOLED POST-HOC ANALYSIS FROM PHASE 1 AND FORWARD I STUDIES BEVACIZUMAB PRE-TREATED PATIENTS
Using PS2+ Scoring Method, 1-3 Priors, n=70

31.4% ORR	95% CI (20.9%, 43.6%)
7.8 mos mDOR	95% CI (3.98, --)

WE BELIEVE REPLICATING THESE DATA IN A SINGLE-ARM STUDY COULD SUPPORT ACCELERATED APPROVAL

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SORAYA

SINGLE-ARM PIVOTAL TRIAL FOR MIRVETUXIMAB USING PS2+ SCORING IN FRα-HIGH, PLATINUM-RESISTANT OVARIAN CANCER

TARGET TIMELINES

PRIMARY ENDPOINT
ORR by Investigator

SECONDARY ENDPOINT
DOR by Investigator

ENROLLMENT AND KEY ELIGIBILITY
~100 patients
Platinum-resistant disease (primary PFI >3 mos)
Prior bevacizumab required
Prior PARPi allowed
Patients with BRCA mutations allowed

FPI: first patient in; DOR: duration of response; PFI: platinum-free interval

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PRIOR PHASE 3 EXPERIENCE

FORWARD I DID NOT MEET PRIMARY ENDPOINT
GENERATED ROBUST DATA TO INFORM POTENTIAL REGISTRATION

MIRVETUXIMAB

2:1 RANDOMIZATION

PHYSICIAN'S CHOICE OF PACLITAXEL, PLD, OR TOPOTECAN

PRIMARY ENDPOINT
PFS for all patients and
for FRα-high expressers only

ENROLLMENT
366 patients with FRα-positive* (med/high) platinum-resistant ovarian cancer treated with up to 3 prior regimens

SAFETY[1]
WELL TOLERATED WITH A DIFFERENTIATED PROFILE

Safety data demonstrated predominantly low grade drug-related adverse events. Compared to chemo, mirvetuximab was associated with:

Fewer Grade ≥3 TEAEs
Fewer dose reductions due to related TEAEs
Fewer discontinuations due to related TEAEs

EFFICACY[1]
OUTCOMES CORRELATED WITH FRα EXPRESSION

Compared to chemo, in FRα-high patients, mirvetuximab was associated with:

Longer PFS
Higher confirmed ORR
Longer OS

[1]ESMO 2019 Moore K., et. al. *FRα scoring by 10X.
PLD: pegylated liposomal doxorubicin; TEAEs: treatment emergent adverse events; OS: overall survival

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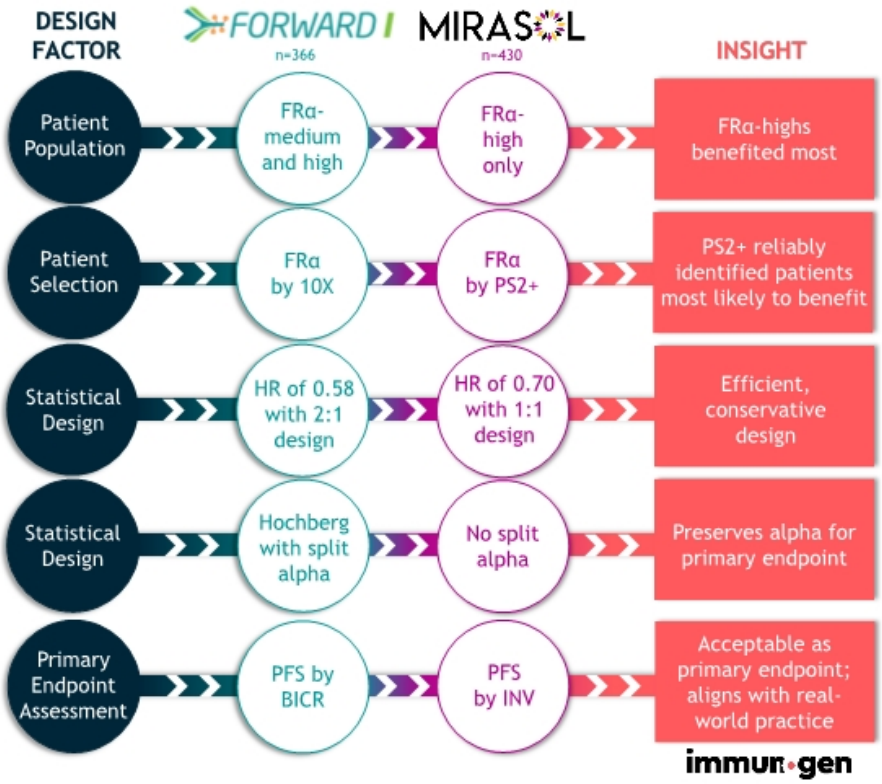
APPLYING LESSONS LEARNED FROM FORWARD I

WE BELIEVE THESE DESIGN FACTORS WILL IMPROVE THE PROBABILITY OF TECHNICAL SUCCESS FOR MIRASOL



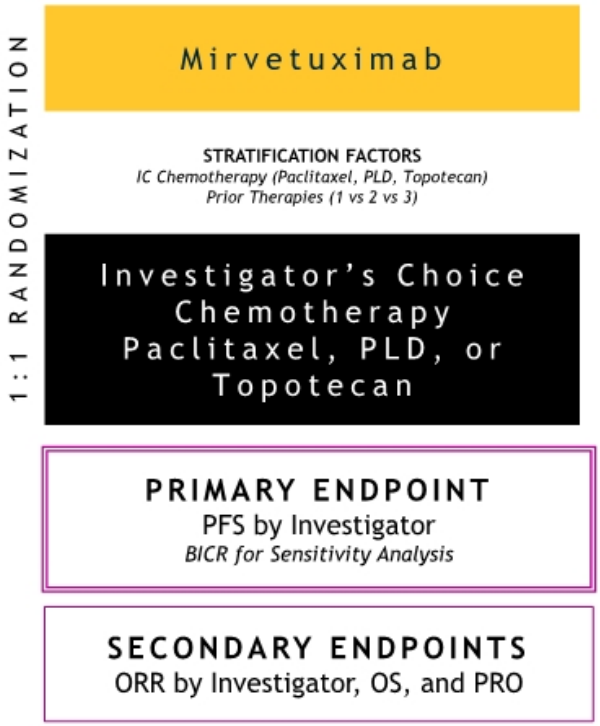
HR: hazard ratio; BICR: Blinded Independent Central Review; INV: investigator

MIRASOL

PHASE 3 RANDOMIZED TRIAL FOR MIRVETUXIMAB USING PS2+ SCORING IN FRα-HIGH, PLATINUM-RESISTANT OVARIAN CANCER

ENROLLMENT AND KEY ELIGIBILITY

- 430 patients/330 events for PFS by Investigator
- Platinum-resistant disease (primary PFI >3 mos)
- Prior bevacizumab allowed*
- Prior PARPi allowed
- Patients with BRCA mutations allowed



PRIMARY ENDPOINT
PFS by Investigator
BICR for Sensitivity Analysis

SECONDARY ENDPOINTS
ORR by Investigator, OS, and PRO

*Eligibility criterion different than SORAYA
IC: investigator's choice; PRO: patient reported outcomes

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MIRVETUXIMAB LABEL EXPANSION

GOAL: BECOME COMBINATION AGENT OF CHOICE IN OVARIAN CANCER

FORWARD II

- Favorable safety data; adverse events in line with known profiles of bevacizumab and carboplatin
- Full doses of bevacizumab[1] and carboplatin[2] combined with full dose mirvetuximab were well tolerated
- Additional platinum-agnostic bevacizumab expansion cohort fully enrolled in September 2019; data anticipated mid-2020
- Additional platinum-sensitive doublet to initiate in early 2020

FORWARD II OUTCOMES COMPARE FAVORABLY TO COMPETITIVE BENCHMARKS[3,4,5]

PLATINUM-RESISTANT		PLATINUM-SENSITIVE
MIRVETUXIMAB + BEVACIZUMAB[1] Median Number of Prior Therapies (Range): 3 (1-8)		MIRVETUXIMAB + CARBOPLATIN[2] Median Number of Prior Therapies (Range): 2.5 (1-6)
FRα-HIGH[1] (n=28)	AURELIA-TYPE (n=16)	FRα-MED + FRα-HIGH[1] (n=10)
39% ORR	56% ORR	80% ORR
7.1 mos mPFS	9.9 mos mPFS	15.0 mos mPFS

[1]ASCO 2019 Poster; O'Malley D., et al.
[2]Gynecologic Oncology 151 (2018) 46-52. [3]AVASTIN prescribing information.
[4]Aghajanian, et al., JCO 30:2039 (2012). [5]Coleman, et al., Lancet Oncology 18:779 (2017).

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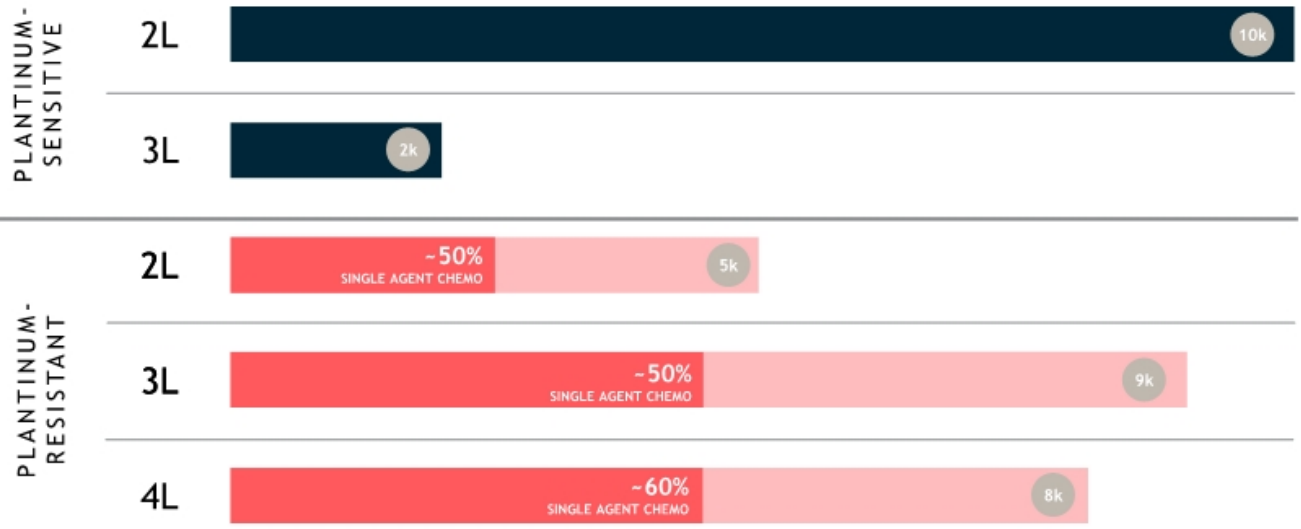
2020 DRUG TREATABLE RECURRENT OVARIAN CANCER PATIENTS



*Numbers represent Company estimates of US patients with conditions covered by the Company's targeted indications.
Sources: Decision Resources Group, diagnosed drug-treatable patients 2020. Kantar Health. Ipsos Oncology Monitor; average Q4 2018 - Q3 2019. ImmunoGen market research.

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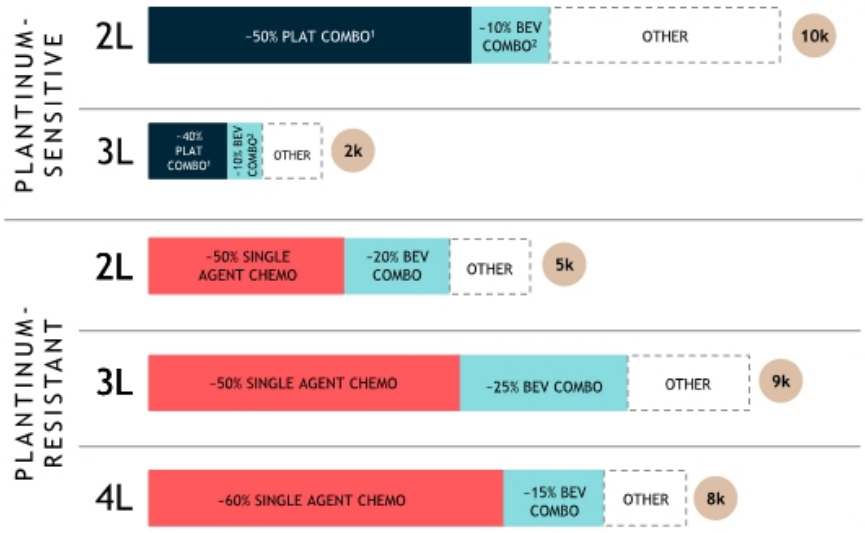
MIRVETUXIMAB MARKET OPPORTUNITY

FIRST TARGETED INDICATION AND ADDITIONAL EXPANSION INDICATIONS WOULD ADDRESS KEY SEGMENTS OF RECURRENT OVARIAN CANCER MARKET



FIRST TARGETED INDICATION:
MONOTHERAPY
2L-4L PLATINUM-RESISTANT

POTENTIAL FOR
Accelerated Approval in 2022
Full Approval in 2023

~5,000 FRα-HIGH PATIENTS

ADDITIONAL EXPANSION INDICATION:
MIRV + BEV
PLATINUM-AGNOSTIC

POTENTIAL FOR
Compendia Listing in 2022

~2,300 FRα-HIGH PATIENTS

ADDITIONAL EXPANSION INDICATION:
MIRV + CARBO
PLATINUM-SENSITIVE

POTENTIAL FOR
Compendia Listing in 2022

~2,300 FRα-HIGH PATIENTS

[1]Numbers represent Company estimates of US patients with conditions covered by the Company's targeted indications.
[2]Regimens that incorporate platinum including bevacizumab combinations. [3]Non-platinum regimens.
Sources: Decision Resources Group, diagnosed drug-treatable patients 2020. Kantar Health. Ipsos Oncology Monitor; average Q4 2018 - Q3 2019. ImmunoGen market research.

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MIRVETUXIMAB PROGRAM SUMMARY

ROBUST DATA

- Strong and consistent efficacy signals observed in FRα-high patients
- Favorable tolerability
- PS2+ reliably identified patients most likely to benefit

SORAYA: POTENTIAL PATH TO ACCELERATED APPROVAL

- Enroll first patient in Q1 2020
- Topline data expected in mid-2021; BLA expected in H2 2021
- Potential for accelerated approval in 2022

MIRASOL: DESIGNED TO PROVIDE DATA TO SUPPORT FULL APPROVAL

- Now enrolling patients
- Topline data expected in H1 2022
- Potential for full approval in 2023

COMBINING TO DEVELOP MIRVETUXIMAB FOR EARLIER LINES OF THERAPY

- Platinum-agnostic cohort fully enrolled; data expected in mid-2020
- Additional platinum-sensitive doublet to initiate in early 2020
- Exploring additional pathways to label expansion

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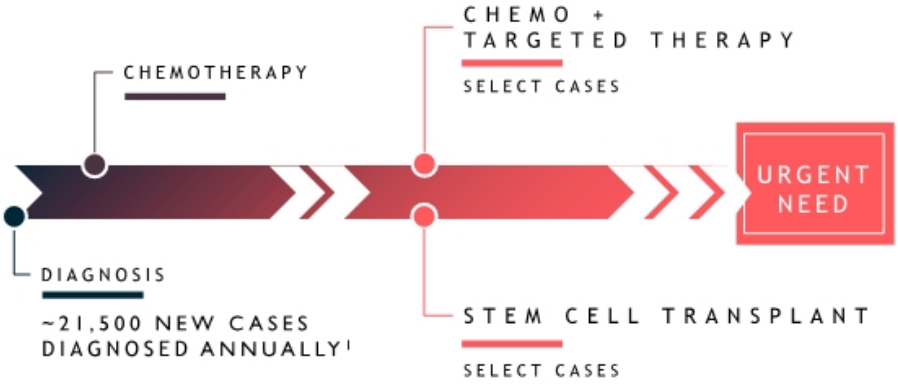

- More than 10,000 deaths due to AML in US each year[1]
- 5-year overall survival is ~25%[1]
- Median overall survival is ~6 months in relapsed/refractory AML[2-3]

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[1]NIH SEER Data; Estimated New Cases, 2019.
[2]Faderl, S., et al. J Clin Oncol 2012; 30:2492-2499.
[3]Ravandi, F., et al. Lancet Oncol 2015; 16:1025-36.
AML: acute myeloid leukemia

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KEY ATTRIBUTES

- CD123-targeted ADC with novel DNA-acting payload
- Demonstrated activity with complete responses in AML and BPDCN[1]
- Favorable safety observed at multiple dose levels[1]

DEVELOPMENT STRATEGY

- Fast-to-market in BPDCN patients
- Potential label expansion: monotherapy in frontline MRD+ AML; in combination for relapsed AML and frontline AML patients unfit for intensive induction chemotherapy
- Seek proof of concept in additional CD123-positive heme malignancies including ALL

DESIGNED TO TARGET MULTIPLE CD123+ HEMATOLOGIC MALIGNANCIES

[1]ASH 2018 Oral Presentation; Daver D., et al.
BPDCN: blastic plasmacytoid dendritic cell neoplasm; MRD: minimal residual disease; ALL: acute lymphoblastic leukemia

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ASH 2019 CONCLUSIONS[1]

ENCOURAGING CLINICAL PROFILE OF IMGN632 IN PATIENTS WITH R/R AML OR BPDCN

SAFETY

- Well tolerated at multiple dose levels, including the recommended Phase 2 dose and schedule
- Manageable infusion-related reactions, none requiring discontinuation
- Most doses given as outpatient with <30 minute infusion every three weeks

r/r AML

- 26-46% ORR in r/r AML at the recommended Phase 2 dose in subgroups of patients with relapsed disease
- Majority of responders were ELN adverse risk with 2-3 prior lines of therapy, including three with prior SCT

BPDCN

- Responses in 3 of 9 patients, all with prior SL-401 and two with intense chemotherapy

[1]ASH 2019 IMGN632 Oral Presentation; Daver D., et al.
ELN: European LeukemiaNet; SCT: stem cell transplant

IMGN632

ADVANCING EXPANSION COHORTS

- Recommended Phase 2 dose and schedule identified
- Monotherapy and combination trials enrolling
  - Monotherapy: BPDCN and frontline MRD+ AML
  - Doublet: with azacitidine and with venetoclax in r/r AML
  - Triplet: with azacitidine and venetoclax in AML
- Expansion data expected at ASH 2020

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ADVANCING A SELECT PORTFOLIO OF EARLY STAGE PRODUCT CANDIDATES

CONTINUED INNOVATION
GENERATING DIFFERENTIATED ADCs

- First-in-class ADAM9-targeting therapy
- ADAM9 is overexpressed in multiple solid tumors (e.g., NSCLC, gastric, pancreatic, TNBC) [1]
- Comprised of high-affinity humanized antibody with YTE mutation conjugated to DM21, a next-generation maytansinoid payload combined with a stable peptide linker
- 50/50 co-development; MacroGenics IND submission expected in first half of 2020

- Next-generation anti-FRα ADC designed to have improved activity against lower FRα-expressing tumors
- Combines advances in antibody engineering and new payload technology
- Transition to preclinical development anticipated in 2020

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[1] AACR 2019 Poster; Hicks S., et al.
NSCLC: non-small cell lung cancer; TNBC: triple-negative breast cancer


CytomX Therapeutics
Jazz Pharmaceuticals
MacroGenics
LEGACY PLATFORM DEALS
EVOLVING OUR APPROACH TO PARTNERING
CO-OWNERSHIP AND MONETIZATION OF ASSETS TO STRENGTHEN BALANCE SHEET
21
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THE NEXT 12 MONTHS

OUR PATH TO SUCCESS

MIRVETUXIMAB SORAVTANSINE

- Open pivotal SORAYA trial in Q1 2020
- Enroll patients in confirmatory MIRASOL trial
- Initiate additional platinum-sensitive combination in early 2020
- Present initial data from FORWARD II platinum-agnostic and updated triplet combination studies in mid-2020

IMGN632

- Continue enrollment in expansion cohorts
- Present AML combo and BPDCN and MRD+ monotherapy data at ASH 2020

IMGC936

- IND submission by MacroGenics anticipated in the first half of 2020

IMGN151

- Transition to preclinical development in mid-2020

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ROBUST DATA IN LEAD MIRVETUXIMAB PROGRAM

ACCELERATED PATH TO PIVOTAL DATA IN 2021 AND POTENTIAL APPROVAL IN 2022

ANTICIPATED COMPENDIA LISTING FOR FOLLOW-ON INDICATIONS BEGINNING IN 2022

IMGN632 ADVANCING INTO EXPANSION

DIVERSE PORTFOLIO OF EARLY STAGE PRODUCT CANDIDATES

STRONG CASH POSITION