SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | |
|--|--|------------------|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | |
| * | 2. Januar Nama and Tieltar at Trading Cumbel | E Deletionship a | | | | | | | | |

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person [*] Goldberg Mark Alan | | | | 2. Issuer Name and Ticker or Trading Symbol <u>IMMUNOGEN INC</u> [IMGN] | | | | | | | (Ch | elationship c eck all applic X Directo | able) | Reporting Person(s) to Issue le) 10% Own | | | | |
|---|--|--|-----------------|---|-------------------|---------------------------------------|---------|---|------------|--------|----------------------------|---|--|--|--|--------|---|---------|
| (Last) 41 GRA | (F SMERE RO | | (Middle) | | 3. Date 12/31/ | of Earlie: 2018 | st Tran | nsact | ion (Mc | onth/C | 0ay/Year) | | | Officer below) | (give title | | Other (below) | specify |
| (Street) NEEDH (City) | | | 02494 (Zip) | | 4. If Am | iendment | , Date | of O | original I | Filed | (Month/Day | //Year) | Line | X Form f | iled by On | e Repo | (Check Ap orting Perso n One Repo | n |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/D | | | Execution Date, | | e, ear) | 3. Transa Code (1 8) Code | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) Amount (A) or (D) P | | | Securities Beneficially | | Form: Direct I (D) or Indirect I (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Co | | | ansaction ode (Instr. | saction of Ex | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative Securities Underlying Derivative Se (Instr. 3 and 4 | | | f g security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | | | | Amount or | | | | | |

Date Exercisable

12/31/2018⁽³⁾⁽²⁾

Expiration Date

(2)

Title

Common

Stock⁽²⁾

Explanation of Responses:

\$<mark>0</mark>(1)

Deferred Share Unit

1. The deferred share units were issued pursuant to the Issuer's Compensation Policy for Non-Employee Directors and are convertible into Common Stock on a one-to-one basis.

(A)

2,812

(D)

2. The vested deferred share units are to be settled 100% in shares of Common Stock of the Company upon the reporting person's retirement from the Board of Directors.

3. The deferred share units vest upon issuance.

/s/ David Foster, attorney in fact 01/02/2019

\$<mark>0</mark>(1)

55,054

D

** Signature of Reporting Person Date

of Shares

2,812

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).

12/31/2018

** 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.

Code

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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.