Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Vashington,	D.C. 20549
-------------	------------

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0										
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*				2. Issuer Name and Ticker or Trading Symbol ImmunoGen, Inc. [ IMGN ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Char D	<u>aniei</u>				1			,	<u>-</u> [	. 1					Directo	r		10% Ow	ner
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024					X	Officer below)	(give title		Other (s below)	pecify			
` ′	`	,	(Middle)		102/	/01/2	024								SVP &	CHIEF L	EGA	L OFFICI	ΞR
	<i>I</i> UNOGEN	,			1	·		S-11	Codede at E	9 - 4 -	(A.4 H- /D -	0 ()		0 1	5 2 4	-:1/0	Ellin o	(Ob l- A	Daniela.
830 WIN	TER STRE	EET			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form fi	led by One	Repo	orting Persor	۱
WALTH	AM M	A	02451												Form fi Person		e than	One Report	ting
(City)	(St	ate)	(Zip)		Rı	ule '	10b5-1	1(c)	Transa	cti	on Ind	ication	1						
						Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst						a contra truction	contract, instruction or written plan that is intended to uction 10.						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F	Form ly (D) o		n: Direct   c	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)		rice	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
		7	Гable II - I												Owned	·			
			(	(e.g., p	outs,	calls	s, warra	ants,	options	s, c	onvertil	ole sec	uritie	es)					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)			Date,		ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  T. Title and of Securitie Underlying Derivative (Instr. 3 and			ties ng e Secu		Derivative der Security Sec (Instr. 5) Bei Ow Fol Rej Tra	derivative Securities Beneficial Owned Following Reported	ecurities eneficially lwned ollowing eported ransaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or	ount nber res					
Restricted Stock Unit	<b>\$0</b> <sup>(1)</sup>	02/01/2024			A		22,825		(2)		(2)	Common Stock	22,	825	<b>\$0</b> <sup>(1)</sup>	22,825	5	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents the contingent right to receive, upon vesting of the RSU, one share of the Issuer's common stock.
- 2. The RSUs vest over a three-year period, with 33 1/3% of the RSUs vesting on each of the first three anniversaries of the date of grant, subject to continued service through each vesting date.

/s/ Renee Lentini, Attorney-in-**Fact** 

02/05/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.