FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPI	ROVAL
OMB Number:	3235-0287
Estimated average bi	urden

0.5

hours per response:

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* Goldberg Mark Alan				2. Issuer Name <b>and</b> Ticker or Trading Symbol IMMUNOGEN INC [ IMGN ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 11/11/2014					_	X Director Officer (give title below)			10% Ow Other (s <sub>l</sub> below)		
(Street) NEEDH			02494 (Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans Date				. Transact	action 2A. Deemed Execution Date,		Code (Instr.		ed (A) or	or 5. Amount of Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Dwnership		
						Code V	Amoun	(A) or (D)	Price	Reported Transacti (Instr. 3 a				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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	5. Number of Expiration Date of Securiti Onde (Instr. Derivative (Month/Day/Year) 7. Title and of Securiti Underlying		ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	n Title	Amount or Number of Shares					
Deferred Share Unit	\$0 <sup>(1)</sup>	11/11/2014		A		3,000		02/01/2015 <sup>(3)(2)</sup>	(2)	Common Stock <sup>(2)</sup>	3,000	\$0 <sup>(1)</sup>	13,580	0	D	
Stock option (right to buy)	\$10.1	11/11/2014		A		10,000		02/01/2015 <sup>(4)</sup>	11/11/202	4 Common Stock	10,000	\$10.1	10,000	0	D	

## **Explanation of Responses:**

- 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.
- 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 ratably over a one year period in quarterly increments beginning on February 1, 2015, contingent upon the individual remaining a director as of each vesting date.
- 4. Exercisable as to 2,500 shares commencing on February 1, 2015, 2,500 shares commencing on May 1, 2015, 2,500 shares commencing on August 1, 2015 and 2,500 shares commencing on November 1, 2015, contingent upon the individual remaining a director as of each vesting date.

/s/ Craig Barrowns, attorney in fact

11/12/2014

\*\* 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.