FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Coen Stacy Ann | | | | | | 2. Issuer Name and Ticker or Trading Symbol ImmunoGen, Inc. [IMGN] | | | | | | | | | all app | o of Reportin blicable) ctor er (give title | ng Per | rson(s) to Is 10% O Other (| wner | |
|--|--|-------|--------------|---|-----------------|--|---|---|--------|---|-----------------------|---------------|-------------------------|--|------------------------------|--|--|---|------|--|
| (Last) (First) (Middle) C/O IMMUNOGEN, INC. 830 WINTER STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2022 | | | | | | | | | SVP & CHIEF BUSINESS OFFICER | | | | | |
| (Street) WALTHAM MA 02451 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | Acc | quirec | d, Dis | sposed of | , or E | Benefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | · | Execution Date, | | | 3. Transaction Code (Instr. 8) | | | | | and 5) Securi Benefi | | cially I Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tran | | action(s) 3 and 4) | | | | |
| Common Stock ⁽¹⁾ 06/30/20 | | | | | 22 | | | A | | 3,342 | A | \$3.82 | 825(2) | | 7,168 | | D | | | |
| | | Tal | ble II | | | | | | , | | osed of, convertib | | | • | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | Code (8) | 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) . 3, 4 | 6. Date Exercisable and Expiration Date Expiration Date Expiration Date Expiration Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | _ | | 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) | | | |

Explanation of Responses:

- 1. These shares were purchased due to participation by the reporting individual in the ImmunoGen Employee Stock Purchase Plan (the ESPP). It pertains to the ESPP purchase period from January 1, 2022 through June 30, 2022
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on June 30, 2022

/s/ Renee Lentini, Attorney-in-07/05/2022

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.