FORM 4

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

OMB APPROVAL							
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05

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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(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FEINER STUART					2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [IMGN]					(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	1101011											Director			10% Ov	wner
												Officer (g	jive title		Other (s	specify
(Last) (First) (Middle)				3. D	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2004						below)		below)			
40 MAPLE AVENUE			07/													
UNIT 6																
(Street)				4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)				
TORON		46	M4W 2T7								X	X Form filed by One Reporting Person				
IOKON	10 /	10	IVI4 VV 217									Form filed by More than One Reporting Person				
(0:+)	(State)	(Zip)													
(City)	(Olule)	(20)													
(City)	(,	Table I - Non	-Derivativ	e Securiti	ies Ac	cquired	l, Disp	oosed of	f, or Bene	ficially C	Owned				
	Security (Ins		Table I - Non	-Derivativ 2. Transactior Date (Month/Day/Y	n 2A. Dee Executi 'ear) if any		e, 3. Code	I, Disp saction e (Instr.	4. Securit	f, or Bene ies Acquired Of (D) (Instr.	(A) or	5. Amount Securities Beneficiall Following		6. Owr Form: (D) or (I) (Ins	Direct Indirect	7. Nature of Indirect Beneficial Ownership
			Table I - Non	2. Transactior Date	n 2A. Dee Executi 'ear) if any	emed tion Date	e, 3. Tran Code ar) 8)	saction e (Instr.	4. Securit Disposed	ies Acquired Of (D) (Instr.	(A) or 3, 4 and 5)	5. Amount Securities Beneficiall Following Reported	y Owned	Form: (D) or	Direct Indirect	Indirect Beneficial
			Table I - Non	2. Transactior Date	n 2A. Dee Executi 'ear) if any	emed tion Date	e, 3. Code	saction e (Instr.	4. Securit	ies Acquired	(A) or	5. Amount Securities Beneficiall Following	y Owned	Form: (D) or	Direct Indirect	Indirect Beneficial Ownership
			Table I - Non	2. Transactior Date (Month/Day/Y	n 2A. Dee Executi if any (Month	emed tion Date h/Day/Yea	ar)	saction e (Instr. e V	4. Securit Disposed Amount	Acquired Of (D) (Instr. (A) or (D)	(A) or 3, 4 and 5) Price	5. Amount Securities Beneficiall Following Reported Transactio (Instr. 3 an	y Owned	Form: (D) or	Direct Indirect	Indirect Beneficial Ownership
			Table I - Non Table II - I	2. Transactior Date (Month/Day/Y	n (ear) 2A. Dee Executi if any (Month) Securitie	emed tion Date n/Day/Yea	e, ar) 3. Tran: Code 8) Code	saction e (Instr. e V Dispo	4. Securit Disposed Amount	Acquired Of (D) (Instr. (A) or (D) Or Benefi	(A) or 3, 4 and 5) Price	5. Amount Securities Beneficiall Following Reported Transactio (Instr. 3 an	y Owned	Form: (D) or	Direct Indirect	Indirect Beneficial Ownership

Date Exercisable

08/08/1988⁽²⁾

Expiration Date

08/08/1988⁽²⁾

Title

Commo

stock⁽²⁾

Explanation of Responses:

Stock unit

\$0⁽¹⁾

1. Stock unit to be converted on a one-for-one basis.

2. The stock units are to be settled 100% in cash upon the reporting person's retirement from the Board of Directors.

/s/ Virginia Lavery, attorney in fact

Amount or Number of

741.3509

\$<mark>6.0</mark>7

Shares

07/06/2004

Following Reported Transaction(s)

8,764.3013

D

(Instr. 4)

** 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).

07/01/2004

** 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 v

A

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.

of (D) (Instr. 3, 4 and 5)

(D)

(A)

741.3509