FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* VILLAFRANCA JOSEPH J							2. Issuer Name and Ticker or Trading Symbol IMMUNOGEN INC [ IMGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
VILLAFRANCA JUSEPH J						[									X	Director	•		10% Ow	ner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2013										Officer below)	(give title		Other (s below)	pecify		
1679 LOOKAWAY COURT																						
-							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line)									
NEWHO	PE PA	1	18938												X	Form fi	ed by One	Repo	rting Persor	I		
, THE WITC	,1 L 11	1	10330													Form filed by More than One Reporting Person				ing		
(City) (Si		tate)	(Zip)																			
		Tal	ole I - Nor	n-Deriv	/ativ	e Se	curit	ies A	cqu		Disp	osed of	, or Ber	neficia	lly (	Owned						
1. Title of Security (Instr. 3) 2. Transac Date						Execution Da			te,	3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or r. 3, 4 an	and Securitie		s For		: Direct   I	7. Nature of Indirect				
				(Month/	(Month/Day/Ye		/Year) if any (Month/Day/Y		ear)	Code (In: 8)	(Instr. 5)				Beneficially Owned Following Reported		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership			
										Code	v	Amount	(A) or (D)	Price		Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
			Table II -									sed of, onvertib			y O	wned						
			'	(e.g., p	Juis,	Can	o, wa	uran	15, (	риона	s, c	Oliveitib	Je Secu	iiies)	_							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, T	4. Transaction Code (Instr 8)		ı of		6. Date Exercisabl Expiration Date (Month/Day/Year)			le and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		of S Ig Security	S (I	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i F ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
														Amoun or	t							
					Code	v	(A)	(D)	Date Exe	e rcisable		Expiration Date	Title	Numbe of Shares								
Deferred Share Unit	\$0 <sup>(1)</sup>	12/31/2013			A		420		12/3	1/2013 <sup>(2)(3</sup>	(3)	(2)	Common Stock <sup>(2)</sup>	420		<b>\$0</b> <sup>(1)</sup>	420		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 are fully vested on December 31, 2013.

/s/ David Foster, attorney in fact 01/02/2014

\*\* 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.