FORM 4

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

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

OMB APPROVAL

OMB Number: 3235-0287								
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1. Name and Address of Reporting Person* Williams Peter J.						2. Issuer Name and Ticker or Trading Symbol <u>IMMUNOGEN INC</u> [IMGN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>willians relef J.</u>																Directo			10% Ov	· .		
						3. Date of Earliest Transaction (Month/Day/Year)										Officer below)	(give title		Other (s below)	pecify		
(Last)	(F	irst)	(Middle)					IIan	Saction	(INIOLIU	i/Day/ fe	:ai)				,	Rucinoco	Dov	,			
C/O IMMUNOGEN, INC.					1.	07/18/2016									VP, Business Development							
		- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
(Street)															Line)							
WALTHAM MA 02451															X Form filed by One Reporting Person							
					- -										Form filed by More than One Reporting Person							
(City)	(S	itate)	(Zip)													Person						
		Tal	ble I - Nor	n-Deriv	vativ	e Se	ecuritie	s Ad	cquire	d, Di	spose	ed o	f, or Be	nefic	cially	Owned						
1. Title of	Security (Ins	tr. 3)		2. Trans	sactior					3. 4. Securities										7. Nature of		
Date (Month/D						ay/Year) Execution Date, if any (Month/Day/Yea			e, Transaction Disposed Of (D) (Instr. Code (Instr. 5)					str. 3, 4	and	Securitie Beneficia				Indirect Beneficial		
															Owned F	ollowing (I) (Ir		nstr. 4)	Ownership			
											Amount		(A) or			 Reported Transact 				(Instr. 4)		
										de V	Amo	ount	(A) or (D)		rice	(Instr. 3 a	ind 4)					
			Table II -	Deriva	ative	Sec	urities	Aco	wired	Dis	nosed	of	or Bene	efici	allv (Jwned						
													ole secu			Junica						
1. Title of	2.	3. Transaction	3A. Deemed		4.	-	5. Numl	hor	6 Date	Everei	cable ar	vd.	7. Title an	nd Am		8. Price of	9. Numbe	r of	10.	11. Nature		
Derivative	Conversion	Date	Execution D	Date, T	Transa		n of		6. Date Exercisable and Expiration Date			u	of Securi	ties	Derivative		derivative		Ownership	of Indirect		
	Security (Instr. 3) or Exercise (Month/Day/Year) if any Price of Derivative (Month/Day/Year)				Code (B)	Instr.	Derivative Securities Acquired		(Month/Day/Year)				Underlyin Derivative		urity (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
(11150.3)					0)				(Instr. 3 and 4)								Owned		or Indirect	(Instr. 4)		
	Security					(A) or Disposed											Following Reported		(I) (Instr. 4)	l .		
							of (D) (Instr.										Transaction(s)					
						3, 4 and 5)											(Instr. 4)					
															ount							
														or	nber							
					o	.,			Date		Expira	tion	T :41-	of								
ļ	<u> </u>		<u> </u>		Code	V	(A)	(D)	Exerci	sable	Date		Title	Sha	res		<u> </u>			<u> </u>		
Stock							1															
option (right to	\$3.05	07/18/2016			Α		70,000		07/18/2	2017 ⁽¹⁾	07/18/	2026	Common stock	70,	000	\$3.05	70,00	0	D	1		
buy)							1				1			1						1		

Explanation of Responses:

1. Exercisable as to 23,334 shares commencing on July 18, 2017, 23,333 shares commencing on July 18, 2018 and 23,333 shares commencing on July 18, 2019.

/s/ Craig Barrows, attorney in fact

07/18/2016

Date

** Signature of Reporting Person

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.