FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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).

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 and Ticker or Trading Symbol IMMUNOGEN INC [ IMGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) 41 GRASMERE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2016								Officer (give title below)			Other (specification)	pecify	
(Street) NEEDHAM MA 02494  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)  ative Securities Acquired, Disposed of, or Benefic								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person  Cially Owned					
1. Title of Security (Instr. 3) 2. Transa Date				2. Transact Date (Month/Day	ction 2A. Deemed Execution Date			,	3. 4. Securitic Disposed (Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 an		5. Amoun Securities Beneficia Owned Fo	s IIy	Form:	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V	An	mount	(A) or (D) Price		Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)	
			Table II - D						red, Dispoptions,					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code	saction e (Instr.			6. Date Exercisabl Expiration Date (Month/Day/Year)			Amount of		J Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	e V	(A)	(D)	Date Exe	e ercisable	Expi Date	oiration te	Title	Amount or Number of Shares						
Deferred Share Unit	\$0 <sup>(1)</sup>	12/09/2016		A		1,500		03/0	01/2017 <sup>(3)(2)</sup>		(2)	Common Stock <sup>(2)</sup>	1,500	\$0 <sup>(1)</sup>	27,65	7	D		
Stock option (right to buy)	\$1.84	12/09/2016		A		5,000		03/	/01/2017 <sup>(4)</sup>	12/0	09/2026	Common Stock	5,000	\$1.84	5,000	)	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 one-half on March 1, 2017 and one-half on June 1, 2017, contingent upon the individual remaining a director as of each vesting date.
- 4. Exercisable as to 2,500 shares commencing on February 1, 2016, 2,500 shares commencing on May 1, 2016, 2,500 shares commencing on August 1, 2016 and 2,500 shares commencing on November 1, 2016, contingent upon the individual remaining a director as of each vesting date.

/s/ Craig Barrowns, attorney in

12/13/2016

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.