FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
I	Estimated average burden									
١	hours per response:	0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\cup$	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

Name and Address of Reporting Person*     Coen Stacy Ann						2. Issuer Name and Ticker or Trading Symbol ImmunoGen, Inc. [ IMGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	.ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023									X Officer (give title below) Other (specify below)  SVP & CHIEF BUSINESS OFFICER					
830 WINTER STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTHAM MA 02451															X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	Rule	Rule 10b5-1(c) Transaction Indication																		
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to			
		Table	l - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					/Year)	eemed ution Date, th/Day/Year)					es Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owned	ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) (D)	) or )	Price	Reported Transaction(s) (Instr. 3 and 4)									
Common	023			A		3,792	1	A	\$4.05 <sup>0</sup>	10,960		D								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative urities uired or osed o) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f (	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nur of	ount mber ires						

## 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, 2023 through June 30, 2023.
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on January 3, 2023.

/s/ Renee Lentini, Attorneyin-Fact 07/05/2023

\*\* 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.