FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPF	ROVAL							
OMB Number:	3235-0287							
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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* SAYARE MITCHEL					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
SAYAI	KE MITC	HEL				1111	<u> </u>	/ CLIT	1110	_ 11/10]			X D	rector			10% O	wner			
(Last)	(F	irst)	(Middle)		3.1	Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)			Other (: below)	specify			
C/O IMMUNOGEN, INC.						07/30/2007									Chief Executive Of			Officer	ficer			
128 SIDNEY STREET																						
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)									· ·		`	. ,	Lin	,			_					
CAMBR	RIDGE M	IΑ	02139											X Form filed by One Reporting Person								
					-										orm fil erson	ed by Mor	e than	One Repo	rting			
(City)	(S	state)	(Zip)																			
		Tal	ble I - No	n-Deri	ivativ	e Se	curi	ties Ac	quire	d, Di	sposed (of, or Be	neficial	ly Ow	ned							
1. Title of Security (Instr. 3) 2. Transa				saction					3. 4. Securities Acquired (A)					or 5. Amoun				7. Nature of				
Date (Month/l					/Day/Ye	ear) i	Execution Date, if any		Cod	sactior e (Instr	Disposed Of (D) (Instr. 3, 4		tr. 3, 4 and	Bei	Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership (Instr. 4)			
						- 10	Month	/lonth/Day/Year)		r) 8)				Re∣								
										Code V A		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)							
Common Stock 07/30/2						2007		М	\top	50,00	0 A	\$1.31	25	501,278			D					
			Table II -	Deriv	ative	Sec	uritie	es Acn	uired	Dist	nosed of	or Ben	eficially	Own	-d		<u> </u>					
			rabio ii								converti			•	.							
1. Title of 2. 3. Transaction 3A. Deemed 4.					4.				6. Date Exercisable and 7. Title and A									10.	11. Nature			
Derivative Security (Instr. 3)	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Inst 8)		nstr. Derivative Securities		Expirat (Month			Underlyii Derivativ	of Securities Underlying Derivative Security		ative ity 5)	Securities Beneficially		Ownership Form: Direct (D)	Beneficial Ownership			
Derivative Security						Acquired (A) or				(Instr. 3 and 4)						Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
						Disposed of (D) (Instr.								Reported Transact								
					3, 4 and										(Instr. 4)							
													Amount or									
									Date		Expiration		Number of									
					Code	ν	(A)	(D)	Exercis	able	Date	Title	Shares									
Non-				T											7		T					
Qualified Stock	\$1.3125	07/30/2007			M			50,000	08/11/1	998(1)	08/11/2007	Common	50,000	\$1.3	125	0		D				
Option (right to buv)	1.5125	07/33/2307						20,000	50/11/1	550	3,11,2007	Stock]	41.5				2				

Explanation of Responses:

 $1.\ Exercisable\ as\ to\ 25{,}000\ shares\ on\ August\ 11{,}\ 1998\ and\ 25{,}000\ shares\ exercisable\ on\ August\ 11{,}\ 1999.$

/s/ Daniel M. Junius, attorney 08/06/2007

<u>in fact</u>

** 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.