FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	20540
vasiiiigton,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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*					2. Issuer Name and Ticker or Trading Symbol ImmunoGen, Inc. [IMGN]					(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023						(give title		specify		
C/O IMMUNOGEN, INC. 830 WINTER STREET			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	AM M	A	02451								Form filed by More than One Reporting Person				
(City)	(Si	tate)	(Zip)	-	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins					ant to a con					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Code (Instr. 5)			Benefici Owned F	es For ally (D) Following (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	/ Amoun	t (A) o	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)		
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. 5. Number of Expiration Date Code (Instr. Derivative (Month/Day/Year) 7. Title and Amount of Securities		of S g e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	\$0 ⁽¹⁾	06/14/2023		A		13,090		(2)	(2)	Common Stock	13,090	\$0 ⁽¹⁾	13,090	D	
Stock Option (right to buy)	\$17.72 ⁽³⁾	06/14/2023		A		19,597		(4)	06/14/2033	Common Stock	19,597	\$0	19,597	D	

Explanation of Responses:

- 1. The restricted stock units ("RSUs") were issued pursuant to the Issuer's Compensation Policy for Non-Employee Directors, as amended, and the 2018 Employee, Director and Consultant Equity Incentive Plan, as amended. Each RSU represents the contingent right to receive, upon vesting of the RSU, one share of the Issuer's common stock.
- 2. The restricted stock units vest on the one-year anniversary of the date of grant, contingent upon the individual remaining a director as of the vesting date.
- 3. The stock options were issued pursuant to the Issuer's Compensation Policy for Non-Employee Directors, as amended, and the 2018 Employee, Director and Consultant Equity Incentive Plan, as amended.
- 4. The stock options vest ratably on each of 9/1/23, 12/1/23, 3/1/24, and 6/1/24, contingent upon the individual remaining a director as of each vesting date.

/s/ Renee Lentini, Attorney-in-06/16/2023 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.