Berkenblit Anna Form 4 January 04, 2019

# 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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \* Berkenblit Anna

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

IMMUNOGEN INC [IMGN]

3. Date of Earliest Transaction (Month/Day/Year)

01/03/2019

C/O IMMUNOGEN, INC., 830 WINTER STREET

> 4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Director 10% Owner X\_ Officer (give title Other (specify below)

VP & Chief Medical Officer

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

WALTHAM, MA 02152

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	ecurities A	acquired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any		3. Transaction Code	4. Securit on(A) or Dis (D)	ies Acquire sposed of	2d 5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)  (A)  or		Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	Amount	(D) Prio	ce (mstr. 3 tile 1)		
Common Stock (1)	01/03/2019		A	2,455	A 4.0	8 135,224	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Berkenblit Anna - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	y/Year) (Instr. 8) Derivative				Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired					Follo	
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
		(Instr. 3,									
					4, and 5)						
								Δ	mount		
								0			
						Date	Expiration Date	Title Number			
						Exercisable					
				Code V	(A) (D)				hares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Berkenblit Anna C/O IMMUNOGEN, INC. 830 WINTER STREET WALTHAM, MA 02152

VP & Chief Medical Officer

### **Signatures**

/s/ David Foster, attorney 01/04/2019 in fact

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- 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).
- These shares were purchased due to participation by the reporting individual in the ImmunoGen Employee Stock Purchase Plan ("ESPP"). It pertains to the ESPP purchase period from July 1, 2018 through December 31, 2018.
- In accordance with the ESPP; these shares were purchased based on 85% of the closing price of the issuer's common stock on December **(2)** 31, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2