## Edgar Filing: SAYARE MITCHEL - Form 4

SAYARE N	AITCHEL										
Form 4											
July 18, 201	1										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box				<i>,</i>				Expires:	January 31,		
if no lor subject		MENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP (				NERSHIP OF	Estimated average		
Section				SECURITIES				burden hours per			
Form 4									response	0.5	
Form 5 obligati	-						•	e Act of 1934,			
may con				•	•			1935 or Section	1		
<i>See</i> Inst 1(b).	ruction	30(n)	of the In	vestment	Compan	y Aci	t of 194	0			
1(0)											
(Print or Type	Responses)										
1. Name and Address of Reporting Person _       2. Issue         SAYARE MITCHEL       Symbol			er Name <b>and</b> Ticker or Trading NOGEN INC [IMGN]				5. Relationship of Reporting Person(s) to Issuer				
Symbol											
(Last)	(First)	(Middle)		f Earliest Tr	-			(Check	k all applicable	)	
			h/Day/Year)				X Director	10%	Owner		
							Officer (give title Other (specify below) below)				
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
BOSTON,	MA 02111							_X_Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution Date			f Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3) any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Beneficially Owned	Form: Direct B (D) or O	Beneficial Ownership		
			(Instr. 8)				Following	(Instr. 4)			
						(A)		Reported	Indirect (I) (Instr. 4)		
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common				~			\$		_		
Stock	07/15/2011(1)			S	10,000	D	15.02	393,136	D		
							(2)				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
SAYARE MITCHEL 2 AVERY STREET UNIT 27C BOSTON, MA 02111	Х						
Signatures							
/s/ Craig Barrows, attorney in fact	(	07/18/2011					
**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).
- (1) The transactions reported in this Form 4 were effected pursuant to a 10b5-1 trading plan executed by the reporting person on February 10, 2011.
- (2) Weighted average price of shares sold.

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.