Edgar Filing: IMMUNOGEN INC - Form 4

IMMUNO	GEN INC										
Form 4											
March 05, 2											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
	UNITED		Washington, D.C. 20549					OMB Number:	3235-0287		
Check t if no los	nger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
subject	F CHA			ICIA	ERSHIP OF	Estimated average 2005					
	Section 16. SECURITIES							burden hours per			
Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
may co See Inst	nunue.			nvestmen							
1(b).											
(Print or Type	Pasponsos)										
(Fint of Type	(Kesponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationshi						5. Relationship of l	of Reporting Person(s) to				
LAMBER	Symbol					Issuer					
	IMMUNOGEN INC [IMGN]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	of Earliest 7	Transaction			(,	
C/O IMMUNOGEN, INC., 830 WINTER STREET			(Month/Day/Year) 03/04/2013					Director 10% Owner XOfficer (give title Other (specify below) below)			
							i				
WINTER STREET								Executive Vice President			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
WALTHAM, MA 02451								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
	~ /						_	ired, Disposed of,		-	
1.Title of Security	2. Transaction Date (Month/Day/Year)			3. Transactiv			equired (A)	5. Amount of Securities	6. Ownership	7. Nature of Indirect	
Security (Month/Day/Year) Execution (Instr. 3) any (Month/D			i Date, ii	Date, ifTransactionor Disposed of (D) CodeCode(Instr. 3, 4 and 5)ay/Year)(Instr. 8)				Beneficially Owned	•	Beneficial	
			ay/Year)						Direct (D)		
								Following Reported	or Indirect (I)	(Instr. 4)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	03/04/2013(2)			М	11,250	А	\$ 3.91	118,107	D		
Stock					,						
Common							\$				
Stock	03/04/2013			S	11,250	D	15.4095	106,857	D		
							(1)				

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

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date Under		7. Title and A Underlying S (Instr. 3 and -	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 3.91	03/04/2013		М	11,250	06/03/2004 <u>(3)</u>	06/03/2013	Common Stock	11,250

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
LAMBERT JOHN C/O IMMUNOGEN, INC. 830 WINTER STREET WALTHAM, MA 02451			Executive Vice President				
Signatures							
/s/ Craig Barrows, attorney	()3/05/2013					

**Signature of Reporting Person

in fact

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) Weighted average price of shares sold.
- (2) The transactions reported in this Form 4 were effected pursuant to a 10b5-1 trading plan executed by the reporting person on February 1, 2013.
- (3) Exercisable as to 15,000 shares commencing on June 3, 2004, 15,000 shares commencing on June 3, 2005, and 15,000 shares commencing on June 3, 2006.

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.