

IMMUNOGEN INC

Form 3

December 16, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â Berkenblit Anna

(Last)

(First)

(Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)

12/09/2016

3. Issuer Name and Ticker or Trading Symbol
IMMUNOGEN INC [IMGN]

4. Relationship of Reporting Person(s) to Issuer

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

(Check all applicable)

____ Director ____ 10% Owner
☒ Officer ____ Other
 (give title below) (specify below)
 VP & Chief Medical Officer

6. Individual or Joint/Group Filing(Check Applicable Line)
☒ Form filed by One Reporting Person
 ____ Form filed by More than One Reporting Person

C/O IMMUNOGEN, INC.,Â 830 WINTER STREET

(Street)

WALTHAM,Â MAÂ 02152

(City)

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned1. Title of Security
(Instr. 4)2. Amount of Securities Beneficially Owned
(Instr. 4)3. Ownership Form:
Direct (D)
or Indirect (I)
(Instr. 5)4. Nature of Indirect Beneficial Ownership
(Instr. 5)

Common Stock

6,000

D

Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)1. Title of Derivative Security
(Instr. 4)2. Date Exercisable and Expiration Date
(Month/Day/Year)

Date Exercisable

3. Title and Amount of Securities Underlying Derivative Security
(Instr. 4)

Title

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:
Direct (D)6. Nature of Indirect Beneficial Ownership
(Instr. 5)

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	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	04/01/2016 ⁽¹⁾	04/01/2025	Common Stock	125,000	\$ 8.94	D Â
Stock Option (right to buy)	07/13/2016 ⁽²⁾	07/13/2025	Common Stock	11,000	\$ 16.72	D Â
Stock Option (right to buy)	06/01/2017 ⁽³⁾	06/01/2026	Common Stock	4,000	\$ 5.75	D Â
Stock Option (right to buy)	07/18/2017 ⁽⁴⁾	07/18/2026	Common Stock	50,000	\$ 3.05	D Â
Stock Option (right to buy)	09/30/2017 ⁽⁵⁾	09/30/2026	Common Stock	50,000	\$ 2.68	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Berkenblit Anna C/O IMMUNOGEN, INC. 830 WINTER STREET WALTHAM, MA 02152	Â	Â	Â VP & Chief Medical Officer	Â

Signatures

/s/ Craig Barrows, attorney
in fact 12/16/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) 31,250 shares exercisable as of filing date, 31,250 shares exercisable commencing on April 1, 2017, 31,250 shares exercisable commencing on April 1, 2018 and 31,250 shares exercisable commencing on April 1, 2019.
- (2) 3,667 shares exercisable as of filing date, 3,667 shares exercisable commencing on July 13, 2017, and 3,666 shares exercisable commencing on July 13, 2018.
- (3) Exercisable as to 1,334 shares commencing on June 1, 2017, 1,333 shares commencing on June 1, 2018, and 1,333 shares commencing on June 1, 2019.
- (4) Exercisable as to 16,667 shares commencing on July 18, 2017, 16,667 shares commencing on July 18, 2018, and 16,666 shares commencing on July 18, 2019.
- (5) Exercisable as to 16,667 shares commencing on September 30, 2017, 16,667 shares commencing on September 30, 2018, and 16,666 shares commencing on September 30, 2019.

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.