П

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subje	ct to
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APP	ROVAL
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	hours per response:		0.5

ing Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol IGM Biosciences, Inc. [IGMS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		X	Director	10% Owner			
			Officer (give title	Other (specify			
(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
, INC.	09/18/2019						
DAD							
	4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filin	g (Check Applicable			
		Line)	Form filed by One Rep	oorting Person			
94043			Form filed by More that Person	n One Reporting			
(Zin)							
5	ting Person* (Middle) 5, INC. OAD 94043 (Zip)	IGM Biosciences, Inc. [IGMS]         (Middle)         3. Date of Earliest Transaction (Month/Day/Year)         09/18/2019         4. If Amendment, Date of Original Filed (Month/Day/Year)         94043	(Middle)       3. Date of Earliest Transaction (Month/Day/Year)       (Check X         (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       (Check X         09/18/2019       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Indiv         94043       X       X	(Middle)       IGM Biosciences, Inc. [IGMS]       (Check all applicable)         (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       Officer (give title below)         (Middle)       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filin Line)         94043       X Form filed by One Reproduct to the person			

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		Disposed Of	Disposed Of (D) (Instr. 3, 4 and		Securities Beneficially	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	09/18/2019		Р		5,000	Α	<b>\$18.31</b>	5,000	D	

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

	(0.9., pare, cane, opnene, contractor course)														
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. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

**Remarks:** 

# /s/ Misbah Tahir, by power of

<u>attorney</u>

09/20/2019

\*\* 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.