FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     Schwarzer Fred						2. Issuer Name and Ticker or Trading Symbol IGM Biosciences, Inc. [ IGMS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Schwar</u>	TOWN DIOSCICIOCO, INC. [ IGINIO ]										X	Direc	tor		10%	Owner					
(Last)	(Fir	0.0											Office	er (give title v)	9	Other below	(specify				
(Last) (First) (Middle) C/O IGM BIOSCIENCES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022									CEO and President						
325 E. MIDDLEFIELD ROAD					03/24/2022																
325 E. MIDDLEFIELD ROAD																					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
MOUNT	AIN CA	9	4043	}											X	X Form filed by One Reporting Person					
VIEW	VIEW GI 34043															Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																		
		Table	I - N	lon-Deriva	tive	Secui	rities	Acq	uir	red, C	Dis	posed o	f, or	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				2A. Deemo Execution if any (Month/Da		Date,	Co	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				i 5)	5. Amou Securiti Benefic Owned Followin	ies Fo cially (D)		r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Co		de	v	Am	ount (	A) or D)	or Price		Reported Transaction(s) (Instr. 3 and 4)					
Common Stock				05/24/2022				S	(1)		1	,362	D	D \$17.10		33	3,987		D		
Common Stock																196,718			T I	See footnote <sup>(3)</sup>	
		Tal	ole II	I - Derivati (e.g., pu												Owne	d				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)					4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		ole	Expiration Date	Title	Amou or Numb of e Share	er						

## **Explanation of Responses:**

- 1. These shares were sold to cover tax withholding obligations in connection with the vesting of restricted stock units.
- 2. This transaction was executed in multiple trades at prices ranging from \$16.8085 to \$17.1269. The price reported above reflects the weighted average sale price. The Reporting Person undertakes to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sale price.
- 3. The shares are held by Fred M. Schwarzer & Deborah R. Schwarzer TTEES of the Schwarzer Family Trust U/A DTD 04/05/2018.

## Remarks:

/s/ Misbah Tahir, by power of attorney

05/26/2022

\*\* 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.