| | FORM | 4 U | ΝΙΤΙ | ED STAT | ES | SEC | URITI | IES | AND | EXCH | ANGI | | иміз | SIO | N | | | |
|--|--|-------|---|--|---|---|------------------|------|--------------------------------|---|---------------|---------------------------------------|--|--|--|--|------------------|--|
| | | | | | Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | MT OF CHANGES IN BENEFICIAL OWN d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | ERSI | ΗP | Estim | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Address of Reporting Person* <u>Takimoto Chris H</u> | | | | 2. Issuer Name and Ticker or Trading Symbol <u>IGM Biosciences, Inc.</u> [IGMS] | | | | | | | | | all appl Direct Office | licable) tor er (give title | Oth | o Owner er (specify | wner (specify | |
| (Last) (First)C/O IGM BIOSCIENCES, INC.325 E. MIDDLEFIELD ROAD | | | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022 | | | | | | | | | below (| below) Chief Medical Officer | | , | |
| (Street) MOUNTAIN VIEW | | A 9 | 94043 | | 4. lf | 4. If Amendment, Date of O | | | | f Original Filed (Month/Day/Year) | | | 6. Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | erson | e | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - N | lon-Deriva | tive | Secur | ities A | cqui | ired, C | isposed | of, or | Benefi | cially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | ear) E | ar) 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | f (D) (Ins | D) (Instr. 3, 4 and | | Beneficial Owned Fo Reported | | 6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4) | of Indire Benefic Owners | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | e v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 05/24/2022 | | | | 2 | | | S ⁽¹⁾ | | 938 | D | \$17.1 | 039 ⁽²⁾ | 30 | 6,864 | D | | | |
| | | Tal | ble II | l - Derivati (e.g., pu | | | | | | sposed o , convert | | | | Owned | t | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | Transaction Code (Instr. 8) Code (Instr. 8) Code (Instr. Acquin (A) or Dispos of (D) | | Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, | Expiration Date (Month/Day/Year) ed ed | | | Am Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | hip of Indi Benef D) Owne ect (Instr. | Beneficial Ownership (Instr. 4) | | |

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 \$16.79 to \$17.13. 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.

Date

Exercisable

Expiration Date

Remarks:

/s/ Misbah Tahir, by power of 05/26/2022 <u>attorney</u>

or Number

Shares

of

Title

** 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).

Code v (A) (D)

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.