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## FURM 4

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

## 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 APF	PROVAL
OMB Number:	3235-0287

Estimated average burden hours per response: 0.5

intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.						
1. Name and Address of Reporting Perso <u>Keyt Bruce</u>	on*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>IGM Biosciences, Inc.</u> [ IGMS ]		tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner		
(Last) (First) C/O IGM BIOSCIENCES, INC. 325 E. MIDDLEFIELD ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/13/2024		Officer (give title below) CHIEF SCIENTIFIC	Other (specify below) C OFFICER	
(Street) MOUNTAIN VIEW (City) (State)	94043 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Filin Form filed by One Rep Form filed by More tha Person	orting Person	
	(~r)	<u> </u>				

## 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. Transaction Code (Instr. 8)		4. Securities Disposed Of		ed (A) or tr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	09/13/2024		<b>S</b> <sup>(1)</sup>		1,487	D	<b>\$</b> 11.5388 <sup>(2)</sup>	242,948	D	
Common Stock								4,039	Ι	See footnote <sup>(3)</sup>

	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. Transa Code ( 8)		of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or			Amou Secu Unde Deriv	rities rlying ative rity (Instr.	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:** 

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 \$11.20 to \$11.795. 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 directly by the Reporting Person's spouse.

/s/ Misbah Tahir, by power of	09/1
<u>attorney</u>	09/1

7/2024

\*\* 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.