FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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**OMB APPROVAL** 

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	OMB Number:	3235-0287
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	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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 intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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

1(c). S	ee Instruction	10.																			
Name and Address of Reporting Person*     Tahir Misbah					2. Issuer Name and Ticker or Trading Symbol IGM Biosciences, Inc. [ IGMS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner								
Tann iviisoan													- 05	ector cer (give title		Other (s					
(Look) (First) (Middle)													-		ow)		below)	specify			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) CHIEF FINANCIAL OFFICE 12/16/2024									ER							
C/O IGM BIOSCIENCES, INC.					12/10/2024																
325 E MIDDLEFIELD ROAD																					
(Ctroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street) MOUNT	'A INI													LII	Line)						
VIEW	C.	A 9	4043												Form filed by One Reporting Person  Form filed by More than One Reporting						
VIEW																son	ne uia	iii Olie Kepi	orung		
(City)	(S	tate) (2	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ow	ned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,					es Acquired (A) or Of (D) (Instr. 3, 4 an			and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 12/16/2					2024				S <sup>(1)</sup>		1,708	I	D	\$7.4	48 <sup>(2)</sup> 187,653			D			
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)	ative Conversion Date Execution Date, if any		ion Date,	4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	ount mber ares							

## **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 \$7.00 to \$7.84. 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.

/s/ Misbah Tahir

12/18/2024

\*\* 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.