FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMP Noveles	0005 0007								
OMB Number:	3235-0287								
Estimated average burden									
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)

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* Weber Steven				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 Officer (give title Other (specify							
(Last)	`	rst) NCES, INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/12/2024							X P	below)	below)	,					
325 E. MIDDLEFIELD ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) MOUNT VIEW	'AIN C.	A	94043					4 ()						X		led by More		orting Persor		
(City)	(S	tate)	(Zip)		П	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transac Date (Month/Da	Execution Date,		Code (I	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F Reported	es For ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		Price	Transact (Instr. 3 a	ion(s)			msu. 4)	
Common Stock 03/12				03/12/2	2024				A		18,750) ⁽¹⁾ A		\$0 27,500		500		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			′ Co	ransaction of Deriva Securi (A) or Dispos of (D) (of Derivati Securiti Acquire (A) or Dispose of (D) (II	Derivative (Month/Day/¹ Securities Acquired		Date	e of Securities		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Co	de V	,	(A)	(D)	Date Exercisab		expiration tate	Title	or Nui of	mber ares						
Stock Option (right to buy)	\$9.95	03/12/2024		I	\		37,500		(2)		3/12/2034	Common Stock	37	,500	\$0	37,500)	D		

Explanation of Responses:

- 1. These securities are restricted stock units (RSUs). Each RSU represents a contingent right to receive one share of the Issuer's Common Stock. One-sixteenth of the RSUs shall vest on June 12, 2024 and each three-month anniversary thereafter, provided that the Reporting Person remains a service provider through each vesting date.
- 2. One forty-eighth of the shares subject to the option shall vest on April 12, 2024 and each month thereafter, provided that the Reporting Person remains a service provider through each vesting date.

/s/ Misbah Tahir, by power of attorney

03/14/2024

** 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.