Check

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20040	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 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

1. Name and Address of Reporting Person* <u>Topsoe Jakob Haldor</u>					2. Issuer Name and Ticker or Trading Symbol IGM Biosciences, Inc. [IGMS]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023								Offi bel	cer (give titl ow)	е	Othe belov	(specify		
C/O IGM BIOSCIENCES, INC. 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	'AIN CA	CA 94043													Form filed by More than One Reporting Person					
VIEW	GF	Y 3	4043		Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (Z		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - No	on-Deriva	tive S	Secui	rities	s Acc	quired	l, Dis	sposed of	, or B	enefici	ally Ow	ned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4						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	Transaction(s)				(111501.4)		
Common Stock 09/29/20					023			A		492(1)	A	\$0.0	0 8	82,628		D				
Common Stock												10,4	10,400,564		I	See footnote ⁽²⁾				
	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)	if any	eemed tion Date, h/Day/Year)	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)		8. Price o Derivative Security (Instr. 5)		e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)	Date Exerci	sable	Expiration Date		Amount or Number of Shares							

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The amount reflects payment of a quarterly retainer in common stock pursuant to the Issuer's Outside Director Compensation Policy.
- 2. All shares are held directly by Topsoe Holding A/S. Jakob Haldor Topsoe, Christina Teng Topsoe, Anne Haugwitz-Hardenberg-Reventlow, Emil Oigaard, Thomas Schleicher and Birgitte Nielsen, members of the board of directors of Topsoe Holding A/S, may be deemed to share voting and investment power with respect to the shares reported herein and disclaim beneficial ownership of such shares, except to the extent of his or her pecuniary interest therein, if any.

Remarks:

/s/ Misbah Tahir, by power of attorney

10/03/2023

** 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.