FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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 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

Name and Address of Reporting Person* Gauthier George						2. Issuer Name and Ticker or Trading Symbol IGM Biosciences, Inc. [IGMS]									all app	licable) tor	10% (wner
(Last)	(Fir	st) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/29/2023								X	Officer (give title below) Chief Commer		nercia	Other (s below) al Officer	specify
325 E. MIDDLEFIELD ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MOUNT VIEW	TAIN CA	A 9	4043												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See I								suant to a			uction or writt	en pla	ın that is inter	nded to
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	sposed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution D			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			1 and 5) Secur Benef		cially I Following	Forn (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Trans		ction(s) s and 4)			(Instr. 4)
Common Stock 11/15/20)23				V	1,740	A	\$5.0)2	40,822		D		
Common Stock 11/29/20						023			S ⁽²⁾		1,180	D	\$6.21	13 ⁽³⁾ 39,		9,642		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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expira (Mont	ition D	Year) Securitic Underlyi Derivativ		nt of ities rlying ative ity (Instr. 4)	Der	Price of ivative curity etr. 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 Exercisabl		Expiration Date	Title	Amount or Number of Shares	er					

Explanation of Responses:

- 1. The shares were acquired under the IGM Biosciences, Inc. 2019 Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).
- 2. These shares were sold to cover tax withholding obligations in connection with the vesting of restricted stock units.
- 3. This transaction was executed in multiple trades at prices ranging from \$5.79 to \$6.45. 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.

Remarks:

/s/ Misbah Tahir, by power of attorney

12/01/2023

** 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.