FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPR	ROVAL						
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

1. Name and Address of Reporting Person* BEHRENS M KATHLEEN			2. Issuer Name and Ticker or Trading Symbol IGM Biosciences, Inc. [IGMS]							5. Relationship of Report (Check all applicable) X Director			ting Person(s) to Issuer						
(Last)	`	rst) (Middle)		03/2	9/202	4	saction (Month/Day/Year)				1	belov		below))``		
325 E. M		ELD ROAD			4. If A	Amend	ment, Date	of Origir	nal File	d (Month/Da	y/Year)			n filed by O	ne Rep	orting Per	son		
(Street) MOUNT VIEW	CAIN CA	A 9	94043		Rule 10b5-1(c) T) Transaction Indication					Form filed by More than One Reporting Person					
(City)	(Si	tate) (Zip)		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.							ended to							
		Table	l - No	n-Deriva	tive S	Secui	rities Acc	quired	l, Dis	posed of	or Be	enefici	ally Own	ed					
1. Title of Security (Instr. 3)			2. Transact Date (Month/Day	Exec		eemed ıtion Date, h/Day/Year)			s Acquired (A) or If (D) (Instr. 3, 4 and		nd Securiti Benefic Owned	Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 03/29/2		03/29/2	024		A		3,078(1)	A	\$0	10	10,046		D						
Common	Stock												330),700			See footnote ⁽²⁾		
Common Stock											29	,807			See footnote ⁽³⁾				
Common Stock											29	29,806			See footnote ⁽⁴⁾				
	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	emed tion Date, n/Day/Year)		1. 5. Number of Orde (Instr. Derivative		Expiration Date (Month/Day/Year) Securi Under Deriva Securi		7. Title Amoun Securit Underly Derivat Securit 3 and 4	t of ies /ing ive y (Instr.	8. Price of Derivative Security (Instr. 5)			10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	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. The shares are held in the name of KBW 2005 Trust for which Reporting Person is the Trustee.
- 3. The shares are held in the name of Non-Exempt Trust for Patrick R. Wilsey Under the Alfred S. Wilsey, Jr. Revocable Trust for which Reporting Person is a Trustee.
- 4. The shares are held in the name of Non-Exempt Trust for Shannon K. Wilsey Under the Alfred S. Wilsey, Jr. Revocable Trust for which Reporting Person is a Trustee.

/s/ Misbah Tahir, by power of attorney

04/02/2024

** 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.