SEC For																			
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
			STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										RSHIP OMB Number: Estimated average I hours per response:			verage burder	3235-0287 1 0.5		
1. Name and Address of Reporting Person [*] <u>Keyt Bruce</u>						2. Issuer Name and Ticker or Trading Symbol IGM Biosciences, Inc. [IGMS]									elationship c ck all applic Directo	able)	ing Pers	son(s) to Iss 10% Ov	
(Last) C/O IGM	Last) (First) (Middle C/O IGM BIOSCIENCES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/12/2024								3	below)		ive title Other (below) SCIENTIFIC OFFICE		
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) MOUNTAIN VIEW CA		A	94043												Form filed by More than One Reporting Person				
(City)	(S	State)	(Zip)		_ R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											n plan th	at is intended	l to
		Tat	ole I - No	on-Deriv	vativ	e Se	curities	s Ac	quired	, Dis	sposed o	of, or B	enefic	ially	y Owned				
1. Title of Security (Instr. 3) Date (Month/D					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis Code (Instr. 5)		Disposed	4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4 5)			5. Amount Securities Beneficial Owned Fo	ly	Form:	Direct Ir Indirect B str. 4) C	7. Nature of ndirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Prio	ce	Reported Transactic (Instr. 3 ar			(nstr. 4)
Common Stock 03/12/2				2/2024	.024		Α		46,2500	1) A		\$ <mark>0</mark>	175,801			D	ee		
Common Stock														4,039				ootnote ⁽²⁾	
			Table II ·								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (right to buy)	\$9.95	03/12/2024			Α		92,500		(3)		03/12/2034	Commo Stock	ⁿ 92,5	500	\$0	92,5	00	D	
1. These secu		ses: icted stock units (RS) ereafter, provided tha										ommon S	ock. One	-sixte	enth of the R	SUs shall	vest on	June 12, 2024	4 and each

2. The securities are held directly by the reporting person's spouse.

3. 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 03/14/2024

attorney

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.

** Signature of Reporting Person

Date