FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

| Instruction 1 | | uc. Sec | | Filed | | | | | | | es Exchang npany Act o | | 1934 | | | nours | s per re | esponse: | 0.5 |
|---|--|---------|----------|--------------------------------------|---|---|--|--|--------|---|---------------------------|------------|---|--|---|--|--|----------------------------------|------------|
| 1. Name and Address of Reporting Person* BERMAN ANN E | | | | | 2. Issuer Name and Ticker or Trading Symbol Immuneering Corp [IMRX] | | | | | | | | | | | olicable) | | Person(s) to Issuer 10% Owner | |
| (Last) (First) (Middle) C/O IMMUNEERING CORPORATION, | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2021 | | | | | | | | | | Officer (give title below) | | | Other below) | specify |
| 245 MAIN STREET, SECOND FLOOR (Street) | | | | | 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 | | | | | |
| CAMBRIDO | | | 2142 | | | | | | | | | | | | Form Perso | filed by Mo on | ore tha | an One Rep | orting |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Disp | osed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Exec if an | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | es Acquired (/ Of (D) (Instr. 3 | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | r Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Class A Common Stock 08/03/ | | | | /2021 | | | P | | 3,500 | A | \$ | \$15 | | 3,500 | | D | | | |
| | | Tat | | | | | | | | | sed of, o | | | | Owned | d | | | |
| Security or E (Instr. 3) Pric Der | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5 | rative rities ired r osed) : 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | unt ber | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

By: /s/ Michael D. Bookman, 08/04/2021 Attorney-in-Fact for Ann E.

Berman

** 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.