SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

0104 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>Nayeem Sara M.</u>	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/11/2020 3. Issuer Name and Ticker or Trading Symbol IMARA Inc. [IMRA]						
(Last) (First) (Middle) 1954 GREENSPRING DRIVE SUITE 600 (Street) TIMONIUM MD 21093	-		Issuer (Check all a X Dire Offi	ship of Reporting applicable) ector icer (give below)	10% C	wner (specify (A Person	'Year) int/Group Filing Line) by One Reporting by More than One
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
					Direct Or Indirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securit Underlying Derivative Securit (Instr. 4)			4. Conversio or Exercis	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Sasha Keough, attorney 03/11/2020

Date

in fact

** Signature of Reporting Person

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 5 (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.