FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPE                 | 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

| Name and Address of Reporting Person*     Conner Edward R.   |   |  |   |        |                               | 2. Issuer Name and Ticker or Trading Symbol IMARA Inc. [ IMRA ] |         |      |   |     |                  |                 |                                       |   | k all appli<br>Directo                       | r 10% Ow  |   | ner  |  |  |
|--|---|--|---|--------|-------------------------------|---|---------|------|---|-----|------------------|-----------------|---------------------------------------|---|--|---|---|--|--|--|
| (Last)   | (Fi   | rst) (                                     | (Middle)  |        |                               | 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2021     |         |      |   |     |                  |                 |                                       |   | below)                                       | (give title   |   | Other (s<br>below)   | респу  |  |
| 116 HUNTINGTON AVE, SIXTH FLOOR  |   |  |   |        |                               | If Amendment, Date of Original Filed (Month/Day/Year)           |         |      |   |     |                  |                 |                                       | 6. Individual or Joint/Group Filing (Check Applicable                             |  |   |   |  |  |  |
| (Street) BOSTON  | N M   | A  | 02116   |        |                               |   |         |      |   |     |                  |                 |                                       | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |   |  |  |  |
| (City)   | (St   | ate) (                                     | (Zip)   |        |                               |   |         |      |   |     |                  |                 |                                       |   |  |   |   |  |  |  |
|  |   | Tab  | le I - Non  | -Deriv | ative                         | Sec   | curitie | s Ac | quired,   | Dis | posed o          | of, or Be       | nefici                                | ally  | Owned  | i   |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |  |   |        |                               | Execution Date,   |         |      | Code (Instr. 5)                                       |     |                  |                 | 4 and Securitie<br>Benefici           |   | es For<br>ially (D)<br>Following (I) (       |   | : Direct<br>r Indirect<br>str. 4)       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |  |
|  |   |  |   |        |                               |   |         |      | Code  | v   | Amount           | (A) or<br>(D)   |                                       | е   | Transaci<br>(Instr. 3                        | ction(s)  |   |  | 111501. 4)   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |        |                               |   |         |      |   |     |                  |                 |                                       |   |  |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/\) | Date,  | 4.<br>Transa<br>Code (1<br>8) |   | n of    |      | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |     | Amount of        |                 | f<br>5<br>g<br>Securit                | Di<br>Si<br>(li   | Price of<br>erivative<br>ecurity<br>1str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4) | ly Owi<br>Ford<br>Director II<br>(I) (I | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |        | Code                          | v   | (A)     | (D)  | Date<br>Exercisabl                                    |     | xpiration<br>ate | Title           | Amour<br>or<br>Number<br>of<br>Shares | er  |  |   |   |  |  |  |
| Stock<br>Options<br>(Right to<br>Buy)  | \$8.12  | 06/29/2021                                 |   |        | A                             |   | 7,728   |      | (1)   | 0   | 6/28/2031        | Common<br>Stock | 7,728                                 | В   | \$0.00                                       | 7,728   |   | D  |  |  |

## Explanation of Responses:

1. The option will vest on the first anniversary of the date of grant or, if earlier, the date of Imara's next annual meeting of stockholders following the date of grant.

## Remarks:

/s/ Michael P. Gray, Attorney-in-Fact

06/30/2021

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.