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AGIOS PHA Form 4 April 03, 201	RMACEUTICA	LS INC										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF OMB Number:	PROVAL 3235-0287			
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed pur Section 17(Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> Schenkein David P			2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS INC [AGIO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O AGIOS PHARMACEUTICALS, INC., 38 SIDNEY STREET, 2ND FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chief Executive Officer				
				ndment, Da th/Day/Year	-	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CAMBRIDO	GE, MA 02139							Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common stock	04/01/2015			S <u>(1)</u>	3,900	D	\$ 92.54	237,872	Ι	See footnote (3)		
Common stock								102,501	I	See footnote (4)		

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

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information contained in this form are not
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(9-02)

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displays a currently valid OMB control number.

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)	or Exercise an		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Re	porting Own	er Name / Address	Director	10% Owner	Relation	-		Other			
C/O AGI		IACEUTICALS, , 2ND FLOOR	INC. X		Chief	fExecutive	Officer				

CAMBRIDGE, MA 02139

Signatures		
/s/ Glenn Goddard, as Attorney-in-Fact for David Schenkein	04/03/2015	
**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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).
- (1) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

The price reported is the weighted average of the shares sold. The shares were sold at varying prices in the range of \$92.02 to \$94.20. The (2) reporting person undertakes, upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price

- (3) Shares held by David P. Schenkein 2004 Revocable Trust, of which the reporting person is trustee and beneficiary.
- (4) Shares held by Amy P. Schenkein 2004 Revocable Trust, of which the reporting person's spouse is trustee and beneficiary.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.