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Biller Scott											
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January 12,	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE							NCEO	ONDUCCION	OMB APPROVAL		
Wa				RITIES AND EXCHANGE COMMISSION ushington, D.C. 20549				OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or									Expires:	January 31, 2005	
				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.	
Form 5 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 1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Biller Scott			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)		f Earliest Tr	ensection			Director	10%	Owner	
C/O AGIOS	S CEUTICALS, IN		(Month/E 01/10/2	ay/Year)	ansaction			Officer (give below)		r (specify	
SIDICLI			4 If Ama	ndmant Da	to Origina	1		6 Individual or Io	int/Croup Filin	c (Chaolr	
			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
CAMBRID	GE, MA 02139							Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secui	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)		Date, if	3. 4. Securities Acquired e, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Year) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common stock	01/10/2018			M <u>(1)</u>	3,000	А	\$ 0.4675	56,059	D		
Common stock	01/10/2018			S <u>(2)</u>	3,000	D	\$ 65	53,059	D		

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

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sea (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock options (right to buy)	\$ 0.4675	01/10/2018		M <u>(1)</u>	3,000	(3)	12/06/2020	Common stock	3,000	

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Biller Scott C/O AGIOS PHARMACEUTICALS, INC. 88 SIDNEY STREET CAMBRIDGE, MA 02139			Chief Scientific Officer					
Signatures								
/s/ William Cook, as Attorney-in-fact for Sco Biller	ott	01/12/2	018					

**Signature of Reporting Person

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

This option was granted on December 7, 2010. The shares underlying this option vested as to 25% of the shares upon the achievement of (3) a performance milestone, and as to the remaining 75% in 36 equal monthly installments thereafter. The performance criteria was met on June 23, 2015.

Date

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.