## Edgar Filing: Biller Scott - Form 4

Biller Scott Form 4 May 29, 20 FORN Check th if no lor subject to Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b).	<b>A 4</b> UNITE	EMENT O pursuant to 17(a) of the	Wa F CHAN Section 1 Public U	shington, IGES IN SECUR 6(a) of the	D.C. 205 BENEFI ITIES e Securiti ling Com	549 CIA es Ex pany	L OWN schange Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Sectior 0	OMB Number: Expires: Estimated a burden hour response	•	
1. Name and Address of Reporting Person *       2. Is         Biller Scott       Symbol         AGIO			Symbol	OS PHARMACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor			(Month/I	Date of Earliest Transaction onth/Day/Year) 23/2018				Director 10% Owner X Officer (give title Other (specify below) below) Chief Scientific Officer			
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securiti n(A) or Dis (Instr. 3, 4) Amount	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock	05/23/2018			M <u>(1)</u>	15,177	А	\$ 31.64	72,373	D		
Common stock	05/23/2018			S <u>(2)</u>	15,177	D	\$ 90	57,196	D		

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

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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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. Transactio Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock options (right to buy)	\$ 31.64	05/23/2018		M <u>(1)</u>	15,177	(3)	03/04/2024	Common stock	15,177	

## **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	05/29/2	2018				
**Signature of Reporting Person		Date					
Explanation of Responses:							
* If the form is filed by more than one reporting person as Instruction $A(\mathbf{b})(\mathbf{y})$							

- \* 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.
- (3) This option was granted on March 5, 2014. The shares underlying this option vest as to 25% of the shares on March 5, 2015, with the remaining 75% vesting in 36 equal monthly installments thereafter.

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.