FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

I OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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		Estimated a	average burden response: 0.	
	or Section 30(h) of the Investment Company Act of 1940	C. Deletienek	ain of Donorting Do		
1. Name and Address of Reporting Person Goff Brian	2. Issuer Name and Ticker or Trading Symbol <u>AGIOS PHARMACEUTICALS, INC.</u> [AGIO]	(Check all ap X Dire X Offi	ector cer (give title	10% Owner Other (specify	
(Last) (First) (Middle) C/O AGIOS PHARMACEUTICALS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 08/08/2023		below) below Chief Executive Officer		
88 SIDNEY STREET	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual Line)	or Joint/Group Filir	ng (Check Applicable	
(Street)		X For	m filed by One Rep	porting Person	
CAMBRIDGE MA 02139			m filed by More tha son	an One Reporting	
(City) (State) (Zip)	Rule 10b5-1(c) Transaction Indication				
	Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In	o a contract, inst nstruction 10.	ruction or written pla	n that is intended to	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially 2. Transaction Date 2A. Deemed Execution Date, 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 6. Ownership Form: Direct 7. Nature of Indirect 1. Title of Security (Instr. 3) Transaction (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) 5) (D) or Indirect Beneficial (I) (Instr. 4) Ownership (Instr. 4) Owned Following Reported (A) or (D) Transaction(s) Code v Amount Price (Instr. 3 and 4) Common stock 08/08/2023 22,691 \$<mark>0</mark> 36,770 D Μ А 08/08/2023 **S**⁽¹⁾ 10,178 \$25.48 26,592 D Common stock D

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. Transac Code (Ir 8)		5. Number of Derivative Securities (Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nt of Derivative ties Security ying (Instr. 5) tive Security		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted stock units	(2)	08/08/2023		М			22,691	(3)	(3)	Common stock	22,691	\$0	45,382	D	

Explanation of Responses:

1. Shares sold to cover the tax withholding obligation in respect of vesting of the reporting person's restricted stock units.

2. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.

3. The restricted stock units were granted on August 8, 2022. Beginning on August 8, 2023, the shares underlying the restricted stock units will vest in three equal annual installments.

Remarks:

/s/ William Cook, as Attorney in Fact for Brian Goff

08/10/2023

** Signature of Reporting Person Date

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 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.