(City)

(State)

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL					
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or	Section	on 30(h	ı) of the	: Inv	estme	nt Co	ompany A	ct of 1	940							
l	1. Name and Address of Reporting Person* THIRD ROCK VENTURES LP (Last) (First) (Middle) 29 NEWBURY STREET (Street) BOSTON MA 02116 (City) (State) (Zip)			<u> </u>	2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS INC AGIO										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
29 NEWBURY STREET 07/29.				Date of Earliest Transaction (Month/Day/Year) 7/29/2013										Officer (give title Other (specify below) below)							
BOSTON				6	_ 4	. If Am	nendme	ent, Date	e of	Origin	ıal Fil	ed (Month	n/Day/\	∕ear)	6. Individual Line)		d by One	e Rep	g (Check . orting Per n One Rep	son	
(City)	(State			Non De		0		A					-6 -		- - : - II 4	2d					
1. Title of Secu	rity (Instr. :		e I -	2. Transa Date (Month/D	ction	2A. Exe	Deeme	d Date,	3. Tr	ansact	ion	4. Secur Dispose 5)	ities A	quired		5. Amount Securities Beneficial Owned Following	ly	Forn (D) c	rect (I)	7. Nature of Indirect Beneficial Ownership	
	07/0								Co	ode	v	Amount		(A) or (D)	Price	Reported Transactic (Instr. 3 ar	n(s)			(Instr. 4)	
Common Stoo	ck			07/29/						C		5,018,9		A	\$0.00	5,564,	414		D ⁽²⁾		
			Tal						•			osed of, onvertib			ally Owne s)	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	Exec	Deemed ution Date, if nth/Day/Year)	4. Trans Code (I 8)				(Month/Day		Date Securities Underlyin		lying	Derivative		per of ve es ially	Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)			
	Security				Code	v	(A)	(D)		Date Exerci	sable	Expiration Date	Title		Amount or Number of Shares		Followin Reporte Transac (Instr. 4	ed tion(s)	(I) (Instr. 4		
Series A Convertible Preferred Stock	(3)	07/29/2013			С			13,000,	,000	(3)	(3)		nmon ock	4,727,272	(3)	0	l	D ⁽²⁾		
Series C-2 Convertible Preferred Stock	(3)	07/29/2013			С			802,14	41	(3)	(3)		nmon ock	291,688	(3)	0	l	D ⁽²⁾		
1. Name and Ad				<u>.</u>																	
(Last) 29 NEWBUR	(Fir	,	-	(Middle)																	
(Street) BOSTON	M	A		02116																	
(City)	(St	ate)		(Zip)																	
1. Name and Ad Third Roc																					
(Last) 29 NEWBUR	(Fir			(Middle)																	
(Street) BOSTON	M	A		02116																	

1. Name and Address of Reporting Person* TRV GP, LLC								
(Last) 29 NEWBURY	(First) Z STREET	(Middle)						
(Street) BOSTON	MA	02116						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Represents the total number of shares received upon conversion of shares of the Issuer's Series A Convertible Preferred Stock (the "Series A Shares") and Series C-2 Convertible Preferred Stock (the "Series C-2 Shares", and together with the Series A Shares, collectively, the "Preferred Shares").
- 2. These shares are held by Third Rock Ventures, L.P. ("TRV LP"). The general partner of TRV LP is Third Rock Ventures GP, LP ("TRV GP"). The general partner of TRV GP is Third Rock Ventures GP, LLC ("TRV GP"). TRV GP and TRV GP, LLC disclaim beneficial ownership of such shares, except to the extent of any pecuniary interest therein.
- 3. Effective upon the closing of the Issuer's initial public offering of its Common Stock, each Preferred Share automatically converted at a ratio of 1-for-2.75 into the number of shares of Common Stock shown in column 7. The Preferred Shares had no expiration date.

Remarks:

By: Third Rock Ventures GP.
L.P., its general partner By:
TRV GP, LLC, its general
partner By: /s/ Kevin Gillis,
Manager
By: TRV GP, LLC, its general
partner By: /s/ Kevin Gillis,
Manager
By: /s/ Kevin Gillis, Manager
By: /s/ Kevin Gillis, Manager

** Signature of Reporting Person
Date

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

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.

^{*} 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).