FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	ourden								

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).

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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS, INC.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FOUSE JACQUALYN A				- 1-	AGIO]							X Directo	r	10% Owne		ner	
(Last) (First) (Middle)					note j							X Officer below)	(give title	Other (spec below)		pecify	
C/O AGIOS PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year)							Cl	Chief Executive Officer				
			10	02/14/2020													
88 SIDNEY STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)				—   <sup>4</sup>	. IT AM	enament, L	Jate o	T Original File	ea (Montn	Day/Year)	Lin		oint/Group F	-iling (i	Спеск Арр	licable	
CAMBR	IDGE N	1A	02139									X Form fi	led by One I	Report	ting Person		
CAMBRIDGE WIT 02133											Form filed by More than One Reporting						
(City)	(:	State)	(Zip)								Person						
		Ta	ble I - Non-De	erivati	ve Se	curities	s Ac	guired, D	ispose	d of, or Be	neficial	y Owned					
1 Title of 9	Security (Ins			ransacti		2A. Deem		3.	_	urities Acqui		5. Amour	nt of	6. Own	ershin	7. Nature of	
Da				Execution Date,		Transaction Disposed C		sed Of (D) (In	Of (D) (Instr. 3, 4 and 5)		Securities Form		n: Direct   I	Indirect Beneficial			
("			(WO	пширау	(Month/Day/Year)						Owned F	ollowing (i) (Ins		str. 4) C	Ownership		
				Code V			Amou	nt (A)	or Price	Reported Transacti	on(s)		- 1	Instr. 4)			
										(D)		(Instr. 3 a	ind 4)				
			Table II - Der									Owned					
			(e.g	., puts	s, cal	ls, warr	ants	, options,	conve	rtible sec	urities)						
1. Title of	2. 3. Transaction		3A. Deemed	4.				6. Date Exercisable and 7. Title and A			8. Price of	9. Number of		10.	11. Nature		
		Execution Date, if any	Transa				(Month/Day/Year) Und		of Securi Underlyii		Derivative Security	derivative Securities		Ownership Form:	Beneficial		
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8)					Acquired (A) or Disposed							(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
					of (D) (Instr.					,		Following Reported		(I) (Instr. 4)	(		
			_	3, 4 and 5)		<del> </del>		Ι	-	Transaction(s)							
											Amount or		(Instr. 4)				
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisable	Expiration Date	n Title	Number of Shares						
Stock				1		` '				+		+		_			
option	\$51.51	02/14/2020		l <sub>A</sub>		137,000		(1)	02/14/20	Common	137,000	\$0	137,000		D		
(right to buy)										stock							
Restricted	(2)	02/14/2020		A		34,000		(3)	(3)	Common	34,000	\$0	34,000	,	D		
stock units	''			1		1 .,	ıl		'	stock	1 5 1,000	1	]		_	1	

## **Explanation of Responses:**

- 1. This option was granted on February 14, 2020. The shares underlying this option vest as to 25% of the underlying shares on February 14, 2021, with the remaining 75% vesting in 36 equal monthly installments thereafter.
- 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 February 14, 2020. Beginning on February, 2021, the shares underlying the restricted stock units will vest in three equal annual installments.

## Remarks:

/s/ William Cook, as Attorneyin-fact for Jacqualyn Fouse

02/19/2020

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$