SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-

0.5

OMB Number: 3235-0104 Estimated average burden

hours per response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] Goff Brian	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/08/2022 3. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS, INC. [AGIO]							
(Last) (First) (Middle) C/O AGIOS PHARMACEUTICALS, INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)6. Individual or Joint/Group Filing		
88 SIDNEY STREET			x	Officer (give title below) Chief Executiv	below)			eck Applicable	
(Street) CAMBRIDGE MA 02139					e Onicel				by More than One Person
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
······································				unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
	itle of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	5,

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>/s/ William Cook, as</u> <u>Attorney in Fact for Brian</u> 08/09/2022 <u>Goff</u> ** 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 5 (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.