FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
I	Estimated average burden										
I	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* FOUSE JACQUALYN A						2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS, INC. AGIO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															Director		10% Ow	·	
(Last) (First) (Middle) C/O AGIOS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024								Officer (give title Other (stellar) below)				pecity	
88 SIDNEY STREET							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(Street) CAMBR	IDGE M	IA	02139												iled by Mor		One Repor	I	
(City) (State) (Zip)				R	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
						satis	fy the affirm	to indi native	defense cond	ditions	s of Rule 1	ob5-1(c). Se	nt to a contr ee Instructio	act, instruction 10.	n or written	plan th	at is intended	to	
		Tab	le I - Non	-Deriv	vativ	e Se	curities	s Ac	quired, D	Disp	osed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			Code (In:	Transaction Disposed Of (D) (Instr. 3, 4)					es F ally following (	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code				v	Amount	Amount (A) or (D)		Reported Transact (Instr. 3 a	ction(s)					
		•	Table II - I						uired, Dis , options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	oate,	4. Transact Code (Ins				6. Date Exercis Expiration Date (Month/Day/Ye			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares						
Restricted stock units	(1)	06/20/2024			A		2,120		(2)		(2)	Common stock	2,120	\$0	2,120		D		
Stock options (right to buy)	\$42.45	06/20/2024			A		11,774		(3)	06	5/20/2034	Common stock	11,774	\$0	11,774	4	D		

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.
- 2. The restricted stock units were granted on June 20, 2024. The shares underlying the stock units will vest in full on June 20, 2025. Vested shares will be delivered to the reporting person within three business days after such shares become vested.
- 3. This option was granted on June 20, 2024. The shares underlying this option vest as to 100% of the underlying shares on June 20, 2025.

## Remarks:

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

06/24/2024

\*\* 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.