SEC Form 4

Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| UNITED STATES | SECURITIES | AND EXCHANGE | COMMISSION |
|---------------|------------|--------------|------------|
| | | D 0 00510 | |

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | urden |
| hours per response: | 0.5 |

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

| 1. Name and Address of Reporting Person [*] <u>Washburn Theodore James Jr.</u> | | • | 2. Issuer Name and Ticker or Trading Symbol <u>AGIOS PHARMACEUTICALS, INC.</u> [AGIO] | | tionship of Reporting Pe c all applicable) Director Officer (give title | erson(s) to Issuer 10% Owner Other (specify | | | | | | |
|--|--|----------|--|-------------------|--|---|--|--|--|--|--|--|
| (Last) 88 SIDNEY ST | (First) REET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024 | | below) Principal Account | below) ting Officer | | | | | | |
| (Street) CAMBRIDGE | МА | 02139 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Group Fili Form filed by One Re Form filed by More the Person | porting Person | | | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication Image: Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|---|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common stock | 06/03/2024 | | S | | 1,362 | D | \$44.39 | 1,524 | 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. Transa Code (8) | | of Expiration | | Expiration Da | Expiration Date (Month/Day/Year) | | e and int of rities rlying ative rity (Instr. 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |

Explanation of Responses:

Remarks:

/s/ William Cook, as attorney-

in-fact for Theodore James Jr. 06/05/2024 Washburn

vasiiuuii

** 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.