FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 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

1. Name and Address of Reporting Person [®] <u>STARR KEVIN P</u>		2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS INC [AGIO]		tionship of Reporting all applicable) Director) Perso X	10% Owner	
(Last) (First) C/O THIRD ROCK VENTUR	(Middle) ES, LLC	3. Date of Earliest Transaction (Month/Day/Year) 09/11/2014	1	Officer (give title below)		Other (specify below)	
29 NEWBURY STREET, 3RI (Street) BOSTON MA (City) (State)	02116 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	,			

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. Transaction Code (Instr. 8)		4. Securities Disposed Of and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock	09/11/2014		J ⁽¹⁾		825,000	D	\$ 0	3,070,090	Ι	See footnote ⁽²⁾	
Common Stock	09/11/2014		J ⁽³⁾		60,567	A	\$0	60,567	Ι	See footnote ⁽⁴⁾	
Common Stock	09/11/2014		J ⁽⁵⁾		60,567	D	\$0	0	Ι	See footnote ⁽⁴⁾	
Common Stock	09/11/2014		J (6)		8,772	A	\$ <mark>0</mark>	26,519	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)	Conversion		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (In 8)		of Deriv Secu Acqu (A) of Dispo of (D)	rities ired r osed) :. 3, 4	Expiration Date (Month/Day/Year) 5		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Direct (D)	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Distribution of shares in kind by Third Rock Ventures, L.P. ("TRV") on a pro rata basis to its partners.

2. The shares are directly held by TRV. The general partner of TRV is Third Rock Ventures GP, L.P. ("TRV GP"). The general partner of TRV GP is TRV GP, LLC ("TRV GP LLC") and the Reporting Person is a Manager of TRV GP LLC, as such, each of TRV GP and TRV GP LLC and the Reporting Person exercises shared voting and investment power over the shares held of record by TRV. The Reporting Person disclaims beneficial ownership of the shares except to the extent of his pecuniary interest therein, if any.

3. TRV GP received shares distributed in kind by TRV on a pro rata basis to its partners.

4. The shares are directly held by TRV GP. As such, each of TRV GP LLC and the Reporting Person exercises shared voting and investment power over the shares held of record by TRV GP. The Reporting Person disclaims beneficial ownership of the shares except to the extent of his pecuniary interest therein, if any.

5. Distribution of shares in kind by TRV GP on a pro rata basis to its partners.

6. The Reporting Person received shares distributed in kind by TRV GP on a pro rata basis to its partners.

Remarks:

/s/ Kevin Gillis by power of attorney for Kevin Starr

** Signature of Reporting Person

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).

09/12/2014

Date

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.