FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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## 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 <sup>*</sup> Goff Brian				3. Issuer Name and Ticker or Trading Symbol <u>AGIOS PHARMACEUTICALS, INC.</u> [ AGIO ]				
	(Middle) LS, INC. 02139 (Zip)	-		(Check all applicable) X Director X Officer (give title below)	10% Owner Other (specify	below)	Individual or Joint/Grov X Form filed by C	f Original Filed (Month/Day/Year) up Filing (Check Applicable Line) Dne Reporting Person <i>N</i> ore than One Reporting Person
		Table I - I	Non-Deriv	vative Securities Beneficially Ov	vned			
1. Title of Security (Instr. 4)					3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Derivative Security (Instr. 4)			ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	<ul> <li>Price of Derivative Security</li> </ul>	(instr. 5)	
	(First) RMACEUTICA EET MA (State) nstr. 4)	(First) (Middle) RMACEUTICALS, INC. EET MA 02139 (State) (Zip) nstr. 4)	(First)         (Middle)           (RMACEUTICALS, INC.           EET           MA         02139           (State)         (Zip)             Table I - I           nstr. 4)             Statement (Month/Day/ 08/08/2022             Statement (Month/Day/ 08/08/2022             Statement (Month/Day/ 08/08/2022             Table I - I             Table I - I             Table I - I             Statement (Month/Day/ 08/08/2022	(First)     (Middle)       RMACEUTICALS, INC.       EET       MA     02139       (State)     (Zip)         Table I - Non-Deri       nstr. 4)       Table II - Non-Deriva       (e.g., puts, calls, wa       Security (Instr. 4)       Zate Exercisable and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) (First)       Statement (Month/Day/Year) (8/08/2022       AGIOS PHARMACEUTICA (Check all applicable)         MA       02139       4. Relationship of Reporting Person(s) to is (Check all applicable)         MA       02139       0. Chief Executive C         (State)       (Zip)       Table I - Non-Derivative Securities Beneficially Ovned (Instr. 4)         Table I - Non-Derivative Securities Beneficially Ovned (Instr. 4)         Security (Instr. 4)         2. Amount of Securities Beneficially Ovned (Instr. 4)         Table II - Derivative Securities Beneficially Ovned (Instr. 4)         Date         Expiration	Statement (Month/Day/Year)       AGIOS PHARMACEUTICALS, INC. [ A         (First)       (Middle)         RMACEUTICALS, INC.       4. Relationship of Reporting Person(s) to Issuer         (Check all applicable)       10% Owner         X       Director       10% Owner         X       Officer (give title below)       Other (specify         MA       02139       Other (specify         (State)       (Zip)       Table 1 - Non-Derivative Securities Beneficially Owned         Table 1 - Non-Derivative Securities Beneficially Owned (Instr. 4)         Security (Instr. 4)         2. Date Experisable and (Month/Day/Year)       3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	Statement (Month/Day/Year) 08/08/2022       Statement (Month/Day/Year) 08/08/2022       AGIOS PHARMACEUTICALS, INC. [AGIO]         (First) (Middle) RMACEUTICALS, INC. EET       4. Relationship of Reporting Person(s) to Issuer (Check all applicable)       5. 08/08/2022         MA       02139       0 Officer (give title below)       0 Other (specify below)       6.         MA       02139       0 Officer (give title below)       0 Other (specify below)       6.         State) (Zip)       Table I - Non-Derivative Securities Beneficially Owned       5. 08/08/2022       6.         Table I - Non-Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)       3. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)       4. N         Security (Instr. 4)       2. Date Exercisable and (Month/Day/Year)       3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)       4. Conversion or Expraise	(First)       (Middle)         (Relationship of Reporting Person(s) to Issuer         (Rink CEUTICALS, INC.         (ET         (State)       (Zip)         Addiage         (State)       (Zip)         Statement (Month/Day/Year)         Addiage         (State)       (Zip)         Charles       (Size)         (Size)       (Zip)         Charles       (Size)         Cip       (Size)         Cip       (Zip)         Charles       (Size)         Cip       (Zip)

Remarks:

No securities are beneficially owned.

/s/ William Cook, as Attorney in Fact for 08/09/2022

Brian Goff \*\* 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.

Exhibit 24.1 LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of James Burns and William Cook signing singly and (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or a director of Agios Pharmaceuticals, In (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to prepare, complete and execut (3) seek or obtain, as the undersignedTMs representative and on the undersignedTMs behalf, information regarding transactions in the Company (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney in fact, may be of The undersigned hereby grants to each such attorney in fact full power and authority to do and perform any and every act and thing whatsoever : This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 27th day of July, 2022.

Name: Brian Goff