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

| Ho Ma   | ykin<br>(F  | of Reporting Person irst) ( MACEUTICALS | AGIO<br>3. Dat   | 2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS INC [ AGIO ]  3. Date of Earliest Transaction (Month/Day/Year) 06/13/2017 |   |  |       |  |     |                    |  |                          | eck all app<br>X Direc  | olicable)<br>etor<br>er (give title | 11   | Person(s) to Issuer  10% Owner  Other (specify below) |   |  |   |
|---|---|---|--|---|---|--|-------|--|-----|--------------------|--|--------------------------|---|-------------------------------------|--|---|---|--|---|
|   | EY STREE  | 4. If A                                 | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |  |       |  |     |                    |  |                          | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson |                                     |  |   |   |  |   |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |   |   |  |   |   | ion 2A. Deemed Execution Date,   |       |  |     | Distriction Instru | 4. Sec<br>Dispo<br>and 5   | curities Accessed Of (D) | quired<br>(Instr.   | (A) o                               | r 5. Am<br>Secur<br>Benef<br>Owned<br>Follow<br>Repor<br>Trans | ount of<br>ities<br>icially<br>d<br>ving              | 6. Owners<br>Form: Dire<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                 | (e.g  Title of 2. 3. Transaction Date Conversion or Exercise (Month/Day/Year)  (month/Day/Year)  (e.g |   | (e.g., p   | 4.<br>Transaction<br>Code (Instr.   |   | S, Warrants,  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |       | uired, Disposed, options, conve<br>6. Date Exercisable at<br>Expiration Date<br>(Month/Day/Year) |     |                    | rible securitie  7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amou |                          |   |                                     |  | Owners<br>Form:<br>Direct<br>or Indi<br>(I) (Inst     | D)  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |
| Stock<br>option<br>(right to<br>buy)  | \$50.73   | 06/13/2017                              |  |   | A |  | 8,000 |  | (1) | C                  | 6/12/2027  | Common<br>stock          | 8,00  | 00                                  | \$0.00   | 8,000   | D   |  |   |

## **Explanation of Responses:**

 $1. \ This \ option \ was \ granted \ on \ June \ 13, \ 2017. \ The \ shares \ underlying \ this \ option \ vest \ as \ to \ 100\% \ of \ the \ underlying \ shares \ on \ June \ 13, \ 2018.$ 

## Remarks:

/s/ Andrew Hirsch, as Attorney-in-fact for Maykin 06/15/2017 Ho

\*\* 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.