| FORM | 4 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Goddard Glenn

1. Name and Address of Reporting Person^{*}

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Sec 17(a) of the Public Utility Holding Compa Investment Compa

| ENT OF CHANGES IN BENEFICIAL OWNER | SHIF | Expires: | December 31, 2014 | |
|---|-----------------------------|--|----------------------|--|
| Section 16(a) of the Securities Exchange Act of 19 ic Utility Holding Company Act of 1935 or Section Investment Company Act of 1940 | · · | Estimated ave hours per response | erage burden 0.5 | |
| 2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS INC [AGIO] | Issuer | p of Reporting Person(s | | |
| 3. Date of Earliest Transaction (Month/Dav/Year) | (Check all appl Director | 10% Owner | | |

OMB APPROVAL

3235-0287

OMB

Number:

| (Last) C/O AGIOS P SIDNEY STRI | | (Middle) ICALS, INC., 38 OOR | 3. Date of Earliest Transaction (Month/Day/Year) 08/28/2013 | × | Officer (give title below) | 10% Owner Other (specify below) nt, Finance | |
|--------------------------------------|---------|------------------------------------|---|--|-------------------------------|---|--|
| (Street) CAMBRIDGE MA 02139 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | |
| (City) | (State) | (Zip) | | Form filed by One Reporting Per Form filed by More than One Reporting Person | | | |

| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
|---|--|-----------------|------|---|---|-------------------------------|--|---|--|---|--|--|--|
| 1.Title of Security (Instr. 3) | (· · · · , · · · , | Execution Date, | Code | | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | Code | V | Amount | (A) or Amount (D) Price | | Following Reported Transaction(s) (Instr. 3 and 4) | · / | (Instr. 4) | | | |

| | 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) | Transaction Number of Code Derivative | | 6. Date Ex and Expir Date (Month/Da | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: 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 | | | | |
| Stock Option (right to buy) | \$ 23.1 | 08/28/2013 | | A | | 55,000 | | (1) | 08/27/2023 | Common Stock | 55,000 | \$0 | 118,635 | D | |

Explanation of Responses:

1. This option was granted on August 28, 2013. The shares underlying this option vest as to 25% of the underlying shares on August 28, 2014, with the remaining 75% vesting in 36 equal monthly installments thereafter.

/s/ Glenn Goddard 09/05/2013 ** Signature of Reporting Date

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). 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.