SEC Form 4 FORM 4	UNITED STA	TES SECURITIES AND EXCHANGE C	OMMIS	SION		
	Washington, D.C. 20549					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	NT OF CHANGES IN BENEFICIAL OV d pursuant to Section 16(a) of the Securities Exchange Act of 1	_	HP	OMB Number: Estimated aver hours per resp	rage burden
		or Section 30(h) of the Investment Company Act of 1940				
1. Name and Address of Reporting Person Schenkein David P	'n*	2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS, INC.		ationship of Rock all applicable	Reporting Person(s) to Issuer le)	
Schenkenn David F		AGIO	X	Director		10% Owner
(Last) (First) (Middle) C/O AGIOS PHARMACEUTICALS, INC. 88 SIDNEY STREET		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2021	Officer (giv below)	e title	Other (speci below)	

CAMBRIDGE

MA

(State)

02139

(Zip)

L	,
l	(City)

(Street)

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

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)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>		(Instr. 4)
Common stock	02/16/2021		М		8,125	A	\$ <mark>0</mark>	113,178	D	
Common stock	02/16/2021		F		2,540	D	\$ <mark>0</mark>	110,638	D	
Common stock								79,082	Ι	See footnote <sup>(1)</sup>
Common stock								270,772	Ι	See footnote <sup>(2)</sup>

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

I															
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 Deri Sec Acq (A) Disp of (I	oosed D) tr. 3, 4	Expiration Date (Month/Day/Year) ed		Amount of Securities		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				
Restricted stock units	(3)	02/16/2021		М			8,125	(4)	(4)	Common stock	8,125	\$0	0	D	

**Explanation of Responses:** 

1. Shares held by Amy P. Schenkein 2004 Revocable Trust, of which the reporting person's spouse is trustee and beneficiary.

2. Shares held by David P. Schenkein 2004 Revocable Trust, of which the reporting person is trustee and beneficiary.

3. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.

4. The restricted stock units were granted on February 16, 2018. Beginning on February 16, 2019, the shares underlying the restricted stock units will vest in three equal annual installments.

Remarks:

/s/ William Cook, as Attorney	02/17/2021
in Fact for David Schenkein	02/1//202
** Signature of Reporting Person	Date

3235-0287

10% Owner Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

Line)

Х

Person

0.5

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.