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* Biller Scott (Last) (First) (Middle) C/O AGIOS PHARMACEUTICALS, INC. 38 SIDNEY STREET, 2ND FLOOR (Street) CAMBRIDGE MA 02139 (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol AGIOS PHARMACEUTICALS INC [AGIO] 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
,				Non-Deriv	/ative	Sec	urit	ies Ac	auired	Dis	posed	of, or l	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. T				2. Transact Date (Month/Day	ion //Year)	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			A) or 5. Am 5. Am Secur Bene Owne		nount of rities ficially	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	t (A)	or Pric				(Instr. 4)	(Instr. 4)		
Common stock 08/07/2				08/07/2	014	014			М		5,000		\$0.4	4675	3	35,000	D		
Common stock 09/02/				09/02/2	014	014			M ⁽¹⁾		4,50	4,500 A \$		4675	39,500		D		
Common stock 09/02/2			09/02/2	014)14			S ⁽²⁾		4,500 D \$		\$40	5.3(3)	35,000		D			
		Ta	able I	l - Deriva	tive Se	cur	itie	s Acqu	uired, Di , option	spo	sed of	, or Be	neficia	lly O	wned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transac	tion	5. Number I		6. Date Exe Expiration (Month/Da	ercis Date	able and			8. Profine Deri	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code					opiration ate	Title	Amoun or Numbe of Shares	r							
Stock option (right to buy)	\$0.4675	08/07/2014			M			5,000	(4)	12	2/06/2020	Commor stock	5,000	\$0	.4675	308,313	D		
Stock option (right to buy)	\$0.4675	09/02/2014			M ⁽¹⁾			4,500	(4)	12	2/06/2020	Commor stock	4,500	\$0	.4675	303,813	D		

Explanation of Responses:

- 1. This exercise was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 3. The price reported is the weighted average of the shares sold. The shares were sold at varying prices in the range of \$45.66 to \$46.50. The reporting person undertakes, upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.
- 4. This option was granted on December 7, 2010. The shares underlying this option vest as to 25% of the shares on September 20, 2011, with the remaining 75% vesting in 36 equal monthly installments thereafter.

Remarks:

/s/ Glenn Goddard, as Attorney-in-Fact for Scott Biller

09/03/2014

** 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.