FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i a a 4 a a	D C	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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).

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*  Schenkein David P  (Last) (First) (Middle)				AC	Issuer Name and Ticker or Trading Symbol     AGIOS PHARMACEUTICALS, INC. [     AGIO ]      Date of Earliest Transaction (Month/Day/Year)						(Ch	eck all appli X Directo	cable) or (give title	g Pers		% Owner her (specify		
C/O AGIOS PHARMACEUTICALS, INC.				06/	06/13/2023						0.1		1-:10	. =::	, (Oh l - A	-5		
88 SIDNEY STREET				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicatione)     X Form filed by One Reporting Person					
(Street)  CAMBR	IDGE M	A	02139									Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Fransaction te onth/Day/Yea	Execution Date,		Code (Instr. 5)			Benefici	ties F cially (I d Following (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	/ Amo	ınt	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		Code (	nsaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)		An Se Un De	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Silly	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	n Titi	tle	Amount or Number of Shares						
Restricted stock units	(1)	06/13/2023		A		3,388		(2)	(2)		ommon stock	3,388	\$0	3,388		D		
Stock options (right to buy)	\$26.56	06/13/2023		A		18,958		(3)	06/13/203		ommon stock	18,958	\$0	18,958	В	D		

## Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.
- 2. The restricted stock units were granted on June 13, 2023. The shares underlying the stock units will vest in full on June 13, 2024. Vested shares will be delivered to the reporting person within three business days after such shares become vested.
- 3. This option was granted on June 13, 2023. The shares underlying this option vest as to 100% of the underlying shares on June 13, 2024.

## Remarks:

/s/ William Cook, as Attorneyin-fact for David Schenkein

06/15/2023

\*\* 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 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.