**AGENUS INC** Form 4 July 03, 2017

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 3235-0287

Number:

Expires:

January 31, 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* JORDAN WADIH

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

below)

AGENUS INC [agen]

06/29/2017

(Check all applicable)

(First)

(Street)

(Middle)

3. Date of Earliest Transaction (Month/Day/Year)

X\_ Director Officer (give title

10% Owner Other (specify

**ANTIGENICS INC., 149 FIFTH** AVE., SUITE 500

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

NEW YORK, NY 10010

(City) (State) (Zip)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

(Instr. 4)

(Instr. 4)

Reported (A) Transaction(s)

or Code V Amount (D) Price

(Instr. 3 and 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Security or Exercise any Code Securities (Month/Day/Year)

7. Title and Amou

Underlying Secur

(Instr. 3 and 4)

#### Edgar Filing: AGENUS INC - Form 4

(]	(instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5	5)			
					Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	An Nu Sha
	Deferred hares (1)	\$ 3.583	06/30/2017		A	4,186.603	(1)	<u>(1)</u>	Common Stock	4,
R	tock Option, Right to uy	\$ 3.91	06/29/2017		A	50,000	06/29/2018(2)	06/29/2027	Common Stock	5
R	tock Optoin, Right to uy	\$ 3.91	06/29/2017		A	2,500	06/29/2018(3)	06/29/2027	Common Stock	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1 6	Director	10% Owner	Officer	Other		
JORDAN WADIH ANTIGENICS INC. 149 FIFTH AVE., SUITE 500 NEW YORK, NY 10010	X					

### **Signatures**

Christine M. Klaskin, by Power of Attorney 07/03/2017

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* 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).
- Acquired under the Agenus Inc. Director Deferred Compensation Plan, as amended. Deferred Shares represent an equal amount of the Company's common stock to be distributed under the terms of the plan, typically once the director ceases to serve as a director of the Company.
- (2) Annual option award vesting 100% on the earlier of the one-year anniversary of the grant date or the date of the Company's 2018 annual shareholder meeting.
- (3) Option vests 100% on the one-year anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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