FORM 3

(Print or Type Responses)

Person *

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
Estimated average				
burden hours pei	r			
response	0.5			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Statement

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ORAGENICS INC [ORA.U]

ANDERSON BRIAN		(Month/Day/Year)						
(Last) (First) (N 1947 E. BLUFFSIDE CIRC	Middle)	02/27/2004		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SANDY,, UT 84092							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person	
(City) (State)	(Zip)	Table	I - Non-D	erivativ	ve Securitie	s Ben	eficially (Owned
1.Title of Security (Instr. 4)	·		ount of Secu cially Owne 4)	d	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Owne	rship	ect Beneficial
	line for each clas who respond to red to respond	o the collect	ion of info	rmation	contained i	in this		SEC 1473 (7-02)
Table II - Derivativ	e Securities Ben	eficially Own	ed (<i>e.g.</i> , put	s, calls, v	varrants, opt	ions, c	onvertible s	securities)
	2. Date Exercisa Expiration Date (Month/Day/Year)	Exercisable and ion Date say/Year)		3. Title and Amount Securities Underlyin Derivative Security (Instr. 4)		ersion of l	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount Number Shares	~-	y	Security: Direct (D) or Indirect (I) (Instr. 5)	
	00/20/2002(1)	09/20/2007	Common Stock	60,000	\$ 1.25		D	
Non-Employee Stock Option	09/20/2003		Stock					

Relationships

10% Owner Officer Other

Director

X

SANDY,, UT 84092 **Signatures**

ANDERSON BRIAN

/s/ Brian Anderson	02/27/2004
**Signature of Reporting Person	Date

Reporting Owner Name / Address

1947 E. BLUFFSIDE CIRCLE

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) The options become vested and exercisable in 1/3s on the anniversary of date of grant.

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.