FORM	4

(Print or Type Responses)

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Sullivan Michael O'H	2. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [OGEN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
4902 EISENHOWEI	(First) R BOULEVARI		3. Date of Earliest Transaction (Month/Day/Year) 06/22/2018						X_Officer (give title below) Other (specify below) See Remarks			
TAMPA, FL 33634	(Street)							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-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)					Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
Reminder: Report on a s	eparate line for eac	h class of securities	beneficially owned	lirectly or i	ndire	ctlv.						

eminder: Report on a separate line for each class of securities beneficially owned directly or	indirectly.	
		spond to the collection of information

contained in this form are not 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			3A. Deemed	4.	5. Number		6. Date Exercisable and					9. Number of		11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Date		Amount of I		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivative (Month/Day/Year)			Year)	Underlying Security		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie	es		Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	t		(Instr. 3 and 4)			Owned	Security:	(Instr. 4)	
	Security					(A) or							Following	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D)							Transaction(s)		
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number				
									Date		of				
				Code	V	(A)	(D)				Shares				
Employee															
Stock															
Option	\$ 1.52	06/22/2018		٨		18,000		06/22/2019	06/22/2020	Common Stock	10 000	\$ 0	10,000 (1)	D	
-	\$ 1.52	00/22/2018		А		<u>(1)</u>		00/22/2019	00/22/2028	Stock	18,000	\$0	18,000 <u>(1)</u>	D	
(Right to															
Buy) (1)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Sullivan Michael O'Keefe 4902 EISENHOWER BOULEVARD TAMPA, FL 33634			See Remarks					

Signatures

/s/ Mark A. Catchur, as Attorney-in-Fact for Michael O. Sullivan	06/26/2018
-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).
- (1) Represents an award of options to purchase shares of the Company's common stock under the Company's 2012 Equity Incentive Plan, that vest on the first anniversary of the grant date. The option exercise price is the closing price on the date of the grant, June 22, 2018.

Remarks:

CFO, Secretary and Treasurer

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.