

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 per	•				
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

(Print or Type Responses)									
1. Name and Address of Reporting Person * Bohunicky Brian John	States (Mon	2. Date of Event R Statement (Month/Day/Year) 06/29/2009		t Requiring 3. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [ORNI]					
(Last) (First) (Middle 13700 PROGRESS BLVD.	06/2				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give Other (specify title below) below) Chief Financial Officer		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) ALACHUA, FL 32615				DirectorX Officer (gi title below)			Filing(Chaple Applicable Line)		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					Owned		
1.Title of Security (Instr. 4)		Ber		ly Owned	3. Ownership Form: Dire (D) or Indirect (I) (Instr. 5)	Ow	nership	lirect Beneficial	
No securities are beneficially o	wned.	0			D				
not required number. Table II - Derivative Security	curities Be	d unless the eneficially O ercisable	wned 3. Tit	le and Amount of	warrants, o	lid Ol	MB control s, convertibl 5.	e securities) 6. Nature of Indirect	
(Instr. 4)	and Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security (Instr. 4)		Conversi or Exerci Price of	rise For	Ownership Form of Derivative	Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date		Amount or Numb of Shares	Security	Security D	Security: Direct (D) or Indirect (I) (Instr. 5)		
Reporting Owners									
Reporting Owner Name / Address		Relations							
	Director 1	0% Owner	Office	r	Other				
Bohunicky Brian John 13700 PROGRESS BLVD. ALACHUA, FL 32615			Chie	f Financial Off	icer				

Signatures

/s/ Brian Bohunicky	07/02/2009
**Signature of Reporting Person	Date

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).

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.