# FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						
hours par raspar	10					

	Check this box if no longer
	subject to Section 16. Form 4
	or Form 5 obligations may
	continue. See Instruction 1(b).
1	Form 3 Holdings Reported

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the
Investment Company Act of 1940

Name and Address of Reporting HILLMAN JEFFREY D	2. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [ORNI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					X Officer (give title below)				
13700 PROGRESS BLVD		12/31/2009									
(Street)							6. Individual or Joint/Group Reporting (check applicable line)				
ALACHUA, FL 32615					_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person						
(City) (State)	(Zip)	Та	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
(Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any Month/Day/Year)	Code	Acquired (A) or B Disposed of (D)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form:	Beneficial Ownership		
Common Stock	12/30/2009		G(1)	20,000 D \$ 0 79		\$ 0	798,294	D			
Common Stock	12/30/2009		G	6,280 D \$ 0 79			792,014	D			
Common Stock	12/30/2009		G <sup>(1)</sup>	20,000	A	\$ 0	20,000	I	By Jeffrey Hillman as UTMA custodian for grandchildren		
Common Stock			4,			4,056,914	I	By 2002 Trust			

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

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 control number.

SEC 2270 (9-02)

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

1. Title of	-			7			6. Date Exer		7. Titl					11. Nature		
	Conversion		Execution Date, if				and Expirati		Amou		Derivative	10	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	Deriva	ative	(Month/Day	/Year)	Under	rlying	Security	Derivative	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securi	ties			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership		
	Derivative				Acqui	red			(Instr.	3 and		Beneficially	Security:	(Instr. 4)		
	Security				(A) or				4)			Owned at	Direct (D)			
					Dispo	sed						End of	or Indirect			
					of (D)							Issuer's	(I)			
					(Instr.	3,						Fiscal Year	(Instr. 4)			
					4, and	5)						(Instr. 4)				
										Amount						
							Dete	P		or						
								Expiration	Title	Number						
							Exercisable Date	Exercisable Date	Exercisable Date	Date		of				
					(A)	(D)				Shares						

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Tvame / Address	Director	10% Owner	Officer	Other				
HILLMAN JEFFREY D								
13700 PROGRESS BLVD	X		Chief Scientific Officer					
ALACHUA, FL 32615								

#### **Signatures**

/s/ Mark A. Catchur, as Attorney-in-Fact for Jeffrey D. Hillman	02/11/2010
**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).
- Represents a gift by Dr. Hillman to his minor granchildren pursuant to which Dr. Hillman is custodian under Uniform Transfer to Minors Act. The reporting person (1) disclaims beneficial ownership of these shares, and this report shall not be deemed an admission that the reporting person is the beneficial owner of these shares for purposes of Section 16 or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.