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

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

(Print or Tyr	oe Responses)																
Name and Address of Reporting Person * Sullivan Michael O'Keefe						2. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [ORNI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
3000 BAYPORT DR., SUITE 685					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2012								X Officer (give title below) Other (specify below) CFO, Secretary and Treasurer					
(Street) TAMPA, FL 33607				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Tab	ole I -	Non-Dei	rivati	ve Securities	Acquired	, Disposed	l of, or Ben	eficially Own	ed			
1.Title of Se (Instr. 3)	ecurity		Г	. Transaction Date Month/Day/Year	2A. Deer Execution any (Month/I	n Da	ate, if C	. Tran Code Instr. 8		(A) (courities Acquor Disposed of r. 3, 4 and 5) (A) or ount (D)	of (D) Own Tran			ed C	Ownership o Form: B	eneficial wnership	
Reminder: F	Report on a so	eparate line	for each	class of securitie	Derivativ	e Sec	curities	Acqu	Perse conta form	ons vained	who respon I in this forr lays a curre d of, or Bene	n are not ently valid ficially Ov	required d OMB co	to respor	nd unless th		774 (9-02)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security				4. 5. Transaction of Code De Ir) (Instr. 8) See Ac (A Dii (Instr. 8) Code (De Ir) (Instr. 8) Code (De Ir) (Instr. 8) Code (De Ir) (Instr. 8) See Ac (Dii (Instr. 8) Code (Dii (In		5. Nun	nber ative ties red	6. Date Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect) (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$ 1.2	02/10/2012			A		45,00	0	(1)	1	02/09/2022	Common		\$ 0	45,000	D		
Repor	ting O	wners																
Reporting Owner Name / Address				Relatio	ps			0.4										
Director 10% Owner			Officer					Othe	er									
	Michael O'K PORT DR				CEO G			1.5										

Signatures

SUITE 685 **TAMPA**, FL 33607

/s/ Mark A. Catchur, as Attorney-in-Fact for Michael O. Sullivan	02/14/2012
**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).
- Issuance of stock option to Mr. Sullivan in connection with his employment with the Company pursuant to the Amended and Restated 2002 Stock Option and Incentive Plan. Of these (1) shares, 15,000 vested immediately and the remainder will vest as follows: 15,000 on the first anniversary of the date of grant (February 10, 2013) with an additional 15,000 becoming exercisable on the second anniversary of the date of grant. The option has an exercise price of \$1.20 which was the closing price on the date of grant of February 10, 2012.

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.

CFO, Secretary and Treasurer