FORM 4

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

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

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 Reporting Person * BONFIGLIO JOHN N (Last) (First) (Middle) 3000 BAYPORT DRIVE, SUITE 685 (Street)			ORAGENICS INC [ORNI] 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2012					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director						
												low)		
							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				le Line)			
(City)	FL 33607	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow					Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)				uired of	red 5. Amount of Securities		ies Following	6. Ownership Form: I Direct (D)	Beneficial Ownership	
				Code	V	Amount	(A) or (D)	Price	ce			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		08/06/2012		A		132,000 (1)	A	\$ 0	162,250			D	
Common	Stock		08/06/2012		F		34,914 (2)	D	\$ 2.75	.75 127,336			D	
Reminder: I indirectly.	Report on a	separate line fo	or each class of secu			Pers cont the f	ons who ained in orm disp	this for lays a	rm are curre	e not req ently valid	uired to re	nformation espond unl ntrol numb	ess	C 1474 (9- 02)
			(e	erivative Securitie g., puts, calls, war	rrants, opt	ions,	convertil	ole secu	rities)				a l	I
Security	2. 3. Transaction Conversion Date or Exercise Price of Derivative Security		Year) Execution Da	te, if Transaction Code I (Instr. 8)	of a		6. Date Exercisable and Expiration Date (Month/Day/Year)		Ame Und Sect	nount of Derivat derlying Security			Ownersl Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4) D) ect
				Code V	(A) (D)	Date Exer	e Exercisable D	xpiratio ate	n Title	Amount or Number of Shares				
Repor	ting O	wners												
D	O No	ne / Address		Relationships										

Daniel Communication (Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BONFIGLIO JOHN N 3000 BAYPORT DRIVE SUITE 685 TAMPA, FL 33607	X		President and CEO			

Signatures

/s/ Mark A. Catchur, as Attorney-in-Fact for John N. Bonfiglio	08/08/2012
—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).

Represents the portion of an aggregate performance award of 188,482 shares made in connection with, and as part of, the previously approved long term incentive compensation component of the employee compensation program adopted by the Company and the award agreement with the reporting individual. The award was made under the Company's Amended and Restated 2002 Stock Option and Incentive Plan (the "Plan") and was based upon the determination that the specified performance goal

- (1) related to the Company's securing financing had been achieved. The balance of the performance award shares due of 56,482 will be made subject to shareholder approval of an increase in the shares available under the Company's Plan. The award determination was made on August 6, 2012, and the closing price of the Company's stock on such date was \$ 2.75.
- (2) Represents withholding of shares of common stock to satisfy tax withholding obligations in connection with the performance award.

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.