FORM 4

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

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

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | |
|--|-------------|--------------------------|--|--|----------------|---|--|-----------------|--|---|------------------|---|---|--------------------|
| 1. Name and Address of Reporting Person * DUNTON ALAN W | | | 2. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [OGEN] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| 4902 EISENHOWER BOULEVARD (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2013 | | | | | | r (give title belo | | Other (specify b | elow) | | |
| (Street) TAMPA, FL 33634 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 1 | 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) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | f Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | Amount (D) Price | | | | (I) (Instr. 4) | (msu. 4) | | | |
| Common | Stock | | 12/17/2013 | | S | | 100 | 11) | \$ 2.85 | 107,963 | | | D | |
| Common | Stock | | 12/17/2013 | | S | | 3,900 | 11) | \$ 2.84 | 1 104,063 | | | D | |
| Common Stock 12/18/ | | 12/18/2013 | | S | | 5,000 | 11) | \$ 2.82 | 99,063 | | | D | | |
| Reminder: indirectly. | Report on a | separate line f | or each class of secu | urities beneficially o | wned dire | ctly o | r | | | | | | | |
| | | | | | | cont | ained i | n this fo | rm ar | e not req | uired to re | formation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| | | | | Derivative Securitic e.g., puts, calls, war | | | | | | | I | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | Date (Month/Day/Year) | Execution Da Year) any | tte, if Transaction Code Year) (Instr. 8) | 5. Number 6. I | | Date Exercisable Expiration Date onth/Day/Year) (| | Ame Und Seco | Title and ount of derlying urities str. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirect | O) ct |
| | | | | Code V | (A) (D) | Date Exe | | Expiration Date | n Title | Amount or e Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | |
| | | | | Relationships | | | | | | | | | | |

Signatures

DUNTON ALAN W

TAMPA, FL 33634

| /s/ Mark A. Catchur, as Attorney-in-Fact for Alan W. Dunton | 12/18/2013 |
|---|------------|
| **Signature of Reporting Person | Date |

Director

X

Explanation of Responses:

Reporting Owner Name / Address

4902 EISENHOWER BOULEVARD

- * 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).

10% Owner

Officer

Other

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.