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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| ours per respon | se 0.5 | | | | |

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 Type I | Responses | s) | | | | | | | | | | | | | |
|---|-------------|---|--|--|----------------------------------|---|--|--------------------------------------|-----------------------|--|---|--------------|---|--|-------------|
| 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 | | | | | |
| (Last) (First) (Middle) 4902 EISENHOWER BOULEVARD | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2014 | | | | | | - | Officer (give title below) Other (specify below) | | | | | |
| (Street) TAMPA, FL 33634 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 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) | | Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Beneficia | lly Owned Following Transaction(s) | | · / | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | e V | Amoun | (A) or (D) | Price | | | or Indirect (Instr. 4 (I) (Instr. 4) | | (Instr. 4) |
| Common Sto | ock | | 03/20/2014 | | | S | | 2,000 | D | \$ 3.03 | 69,688 | | | D | |
| Reminder: Repindirectly. | oort on a s | eparate line fo | or each class of secu | irities benef | icially | owned di | | | o respo | and to | the colle | ection of in | nformation | SF | EC 1474 (9- |
| | | | | | | | the t | tained in form dis | n this fo splays a | orm are | not req | uired to re | espond unle ntrol numbe | ess | 02) |
| | | | Table II - D | Derivative S 2.g., puts, c | | - | - | • | | | ly Owned | l | | | |
| (Instr. 3) Prio | nversion | 3. Transaction Date (Month/Day/\textsquare) | Execution Da | Code | , if Transaction Code (Instr. 8) | | and (Mo | d Expiration Date (onth/Day/Year) | | Amo Und Secu | ttle and bunt of erlying urities r. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form of Derivative Security: Direct (D) or Indirec | (Instr. 4) |
| | | | | Cod | le V | (A) (I | | e rcisable | Expiration Date | on Title | Amount or Number of Shares | | | | |
| Reporti | ng O | wners | | Cod | le V | of (D) (Instr. 3. 4, and 5. (A) (I | Dat Exe | | | On Title | or Number of | | | | |

| Power diagram Name / Addison | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| DUNTON ALAN W 4902 EISENHOWER BOULEVARD TAMPA, FL 33634 | X | | | | | | |

Signatures

| /s/ Mark A. Catchur, as Attorney-in-Fact for Alan W. Dunton | 03/21/2014 |
|---|------------|
| 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).

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.