FORM 4

(Print or Type Peepe

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

SEC 1474 (9-02)

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

. Name and Address of Reporting Person [*] Sullivan Michael O'Keefe	2. Issuer Name an ORAGENICS IN			ng Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 1902 EISENHOWER BOULEVARD	3. Date of Earliest T 12/08/2014	ransaction (Mon	th/Day/Ye	ear)		ther (specify belo	ow)			
(Street) TAMPA, FL 33634	4. If Amendment, D	ate Original	l Fileo	d(Month/Day	y/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)	Т	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
.Title of Security 2. Transac Instr. 3) Date (Month/D	Execution Date, if	3. Transact Code (Instr. 8)		(A) or Disposed of (D)			 Amount of Securities Beneficially Owned Following Reported Transaction(s) 	Ownership of Ind	7. Nature of Indirect Beneficial		
	(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		

er: 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of		11. Nature
	Conversion		Execution Date, if	Transaction				Expiration Date		Amount of		Derivative		Ownership	
Security	or Exercise	(Month/Day/Year)		Code		Derivative		(Month/Day/Year)		Underlying		Security			Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	· /				Securities		· /	-		Ownership		
	Derivative					Acquired				(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or						Direct (D)			
						Disposed of					1	or Indirect			
						(D) (Instr. 2. 4					Transaction(s)				
						(Instr. 3, 4, and 5)							(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date	The	of				
				Code	V	(A)	(D)				Shares				
Employee															
Stock										~					
Option	\$ 0.88	12/08/2014		А		40,000		<u>(1)</u>	12/08/2024	Common Stock	40,000	\$ 0	40,000	D	
(Right to	\$ 0.00	12,00/2011				.0,000			12,00,2021	Stock	.0,000	ψŪ	,000	2	
Buy) (1)															

Reporting Owners

	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Sullivan Michael O'Keefe 4902 EISENHOWER BOULEVARD TAMPA, FL 33634			CFO, Secretary and Treasurer							

Signatures

/s/ Mark A. Catchur, as Attorney-in-Fact for Michael O. Sullivan **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 options to Mr. Sullivan in connection with service to the Company pursuant to the 2012 Equity Incentive Plan. These shares vest as follows: 20,000 on the first (1) anniversary of the date of the grant (December 8, 2015) with the additional 20,000 vesting on the second anniversary of the date of the grant (December 8, 2016). The option exercise was the closing price on the date of the grant, December 8, 2014.

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.