FORM 4	4
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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).

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

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

#### 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

			2. Issuer Name an ORAGENICS IN		Trad	ing Symbo	1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner			
(Last) 390 PLANDOME RD.	(First)	(Middle)	3. Date of Earliest 7 02/29/2008	Transaction	(Mor	nth/Day/Ye	ar)			her (specify bel	ow)
MANHASSET, NY 11	(Street)		4. If Amendment, D	Date Origina	ıl File	d(Month/Day	/Year)		6. Individual or Joint/Group Filing(Che _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		.ine)
(City)	(State)	(Zip)	Т	able I - No	n-De	rivative Se	curities	s Acqui	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if		ode		es Acqu posed o and 5)	f (D)		Ownership of Indi	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
common stock		02/29/2008		Р		500,000	А	\$ 0.44	5,925,767	D	
common stock									105,000	I	By Wife

Reminder: 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

SEC 1474 (9-02)

# form displays a currently valid OMB control number.

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

			(e.	. <i>g</i> ., puts,	cal	ls, wai	rrant	s, options, con	vertible secur	rities)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exerc	isable and	7. Title and	d Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of		Expiration Da	ite	of Underly	ring	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ative	(Month/Day/	Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Secur	ities			(Instr. 3 an	id 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqu	ired								(Instr. 4)
	Security					(A) o							Following	Direct (D)	
						Dispo							1	or Indirect	
						of (D							Transaction(s)	< / <	
						(Instr							(Instr. 4)	(Instr. 4)	
						4, and	15)		-		1				
											Amount				
									Expiration	Title	or				
				~ .				Exercisable	Date		Number				
				Code	V	(A)	(D)				of Shares				
Non-															
employee	<b>* • •</b>							00/00/0000	00/00/2011	common	( <b>7</b> 000		<		
director	\$ 0.78							09/08/2006	09/08/2011	stock	65,000		65,000	D	
										Stock					
options															
warrants	\$ 0.58							08/08/2007	08/08/2008	common	100,000		100,000	т	By wife
wairants	\$ 0.38							08/08/2007	08/08/2008	stock	100,000		100,000	1	by whe

## **Reporting Owners**

Barrandia - Orman Nama / Addina	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HAWES GEORGE T 390 PLANDOME RD. MANHASSET, NY 11030	х	Х					

### **Signatures**

/s/George T. Hawes by Daniel H. Luciano atty-in-fact 03/04/2008 Date -Signature of Reporting Person

## **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.