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

| OMB APPROV | /AL |
|-----------------------|-----------|
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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

| | e Responses | 5) | | | | | | | | | | | | | | |
|--|---|--|---|---|------|--|---|------------------------------|---------------------|--|---|---------------------|----------------------------------|---|---|---|
| 1. Name and Address of Reporting Person - ANDERSON BRIAN | | | | 2. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [ONI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| 1947 E. B | | (First) (Middle) 3. Date of Earliest Transaction (M UFFSIDE CIRCLE 09/03/2004 | | | | | tion (Month/I | Day/Ye | ear) | | Officer (give | title below) | | r (specify below | | |
| (Street) SANDY, UT 84092 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ For | 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 Acqu | | | | | | Acquired, E | Lired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | 2A. Deemed Execution Da any (Month/Day/ | | ate, if | Code | (8) (| 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) (A) or (Amount (D) | | (D) Owned Transa | Amount of Securities B wned Following Reporte ansaction(s) str. 3 and 4) | | ed C F E o | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Table II - | | | | | in this | iorm as a cu | are not rec urrently va f, or Benefic | uired to relid OMB o | espond ontrol n | unless the | tion contair e form | | |
| Derivative Security (Instr. 3) | 2. | rsion Date Exercise (Month/Day/Year) Exercise (Month/Day/Year) (Month/Day/Year) | 3A. Deemed | 4. | 1 | 5. Numb | | 6. Date Exer | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | |
| Security | Conversion or Exercise Price of Derivative Security | Date | Execution Date, if any (Month/Day/Year) | Code |) S | Derivati Securition Acquire (A) or Dispose (D) (Instr. 3 | es d d of | Expiration I (Month/Day | ate | | Amount of Underlying Securities | f g | Derivative Security | Derivative Securities Beneficially Owned Following Reported Transaction | Ownersh Form of Derivativ Security: Direct (D or Indirect | Beneficia Ownersh (Instr. 4) |
| Security | or Exercise Price of Derivative | Date | any | Code |) S | Derivati Securitie Acquire (A) or Dispose (D) | es d d of | (Month/Day Date Exercisable | Pate (Year) | | Amount of Underlying Securities | f g | Derivative Security | Derivative Securities Beneficially Owned Following Reported Transaction | Ownersh Form of Derivativ Security: Direct (D or Indirect (s) (I) | p of Indirect Beneficia Ownersh (Instr. 4) |

| B | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| ANDERSON BRIAN 1947 E. BLUFFSIDE CIRCLE SANDY, UT 84092 | X | | | | | |

Signatures

| /s/ Brian Anderson | 12/07/2004 |
|-------------------------------|------------|
| 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).
- (1) The Options become vested and exercisable in 1/3s on the anniversary of date of grant beginning on September 3, 2005.

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.