FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defense 10b5-1(c). See Ins							
1. Name and Address DUNTON AI	s of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [ OGEN ]		ionship of Reporting Person(s all applicable) Director	to Issuer	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/08/2023	A	Officer (give title below)	Other (specify below)	
4902 EISENHOV	VER BOULEVARD		4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Lin     X Form filed by One Reporting Person			
(Street)				*	Form filed by More than One Reporting Pe		
TAMPA	FL	33634			Tom med by More than Or	ic reporting reason	
(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)	ecution Date, Transaction Code (Instr.		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	08/08/2023		A		25,000(1)	A	\$0	25,689(2)	D	

# 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.						7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature	ı
- 1	Derivative	Conversion	Date	Execution Date,	Transaction		Derivative		Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect	L
- 1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (Instr.		Securities		(Month/Day/Year)		Derivative Security		Security	Securities	Form:	Beneficial	L
- 1		Price of		(Month/Day/Year)	8)	8) Acquired (A)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Direct (D)	Ownership	L	
		Derivative			or Disposed of		or Disposed of			i l			Owned	or Indirect	(Instr. 4)	L	
- 1		Security			(D) (Instr. 3, 4				l .	Following	(I) (Instr. 4)		L				
					and 5)				1			Reported			L		
- 1												1	Transaction(s)			L	
- 1						l						Amount		(Instr. 4)			1
- 1						l						or					1
- 1						l			Date	Expiration		Number					1
					Code	l v	(A)	(D)	Exercisable	Date	Title	of Shares					ı
- L											<u> </u>				l		4

#### **Explanation of Responses:**

- 1. Represents an award of restricted stock pursuant to the Company's non-employee director compensation program under the Company's 2021 Equity Incentive Plan with 20,000 shares vesting immediately and 5,000 shares vesting in six (6) months.
- 2. Reflects adjustments made in connection with the 1-for-60 reverse stock split of the Issuer's common stock which became effective on January 23, 2023

/s/ Mark A. Catchur, as Attorneyin-Fact for Alan W. Dunton 08/10/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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.

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 Number.