FORM 3

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

Washington, D.C. 20549

ON	1R	AP	PR	$\Omega$	/A

OMB Number:	3235-0104					
Estimated average burden						
hours per response:	0.5					

## **INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person*  REDMOND J MICHAEL		2. Date of Event Requiring Statement (Month/Day/Year) 12/28/2023	3. Issuer Name and Ticker or Trading Symbol ORAGENICS INC [ OGEN ]					
(Last) (First) (Middle) 4902 EISENHOWER BOULEVARD, SUITE 125			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
			X	Officer (give title below)  President	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line)     Y Form filed by One Reporting Person		
(Street) TAMPA	FL	33634					Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						

## Table I - Non-Derivative Securities Beneficially Owned

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	1		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion Form: Direct or Exercise (D) or	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	tive (Instr. 5)	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Julio C. Esquivel as Attorney-In-Fact for Michael Redmond

01/02/2024

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).