## Edgar Filing: Valentine Karen - Form 4

Valentine Ka	aren											
Form 4												
January 28, 2	_											
FORM	<b>4</b>	статес	SECUD	ITIES			<b>11</b> A 11	NCE	COMMISSION		PPROVAL	
	UNITED	SIAIES				D.C. 205		NGE	201011155101	OMB Number:	3235-0287	
Check thi	is box		vv as	migu	<b>, 11,</b> 1	D.C. 20.	<b>7</b>				January 31,	
if no longer subject to STATEMENT OF CHANGES IN					N B	BENEFI	CIA	LOW	Expires:	2005		
subject to Section 1	)	SECURITIES							Estimated average burden hours per			
Form 4 or										response 0.		
Form 5	<b>.</b>							-	ge Act of 1934,			
obligation may cont				•		•	- ·		f 1935 or Sectio	n		
See Instru		30(h)	of the In	vestme	nt (	Company	y Act	t of 194	40			
1(b).												
(Print or Type R	Responses)											
× 51	1 /											
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name and Ticker or Trading 5. Relationship							5. Relationship of	f Reporting Person(s) to				
Valentine Karen Symbol AGEN				-					Issuer			
				JS INC	[A	GEN]			(Chec	k all applicable	<b>)</b>	
(Last) (First) (Middle) 3. Date of				ate of Earliest Transaction					(enec	in un uppriouoie	·)	
				onth/Day/Year)					Director     10% Owner       Officer (give title below)     Other (specify below)			
				26/2011								
FORBES RI	D								VP and	l General Coun	sel	
(Street) 4.			4. If Amer	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mo				d(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
LEVINCTO										Ine Reporting Pe Iore than One Re		
LEAINGIU	N, MA 02421								Person		1 0	
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.					5. Amount of	6. Ownership		
Security	(Month/Day/Year)		n Date, if	Transaction(A) or Disposed of					Securities	Form: Direct	Indirect Beneficial	
(Instr. 3)		any (Month/E	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned	(D) or Indirect (I)	Ownership		
		× ·	, ,		<i>.</i>	× ,		·	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				C. 1	17	A	or	D'	(Instr. 3 and 4)			
Common					v	Amount	(D)	Price \$				
Stock	01/26/2011			A <u>(1)</u>		2,500	А	ф 0.95	78,856	D		

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 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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	ess Relationships								
	Director	10% Owner	Officer	Other					
Valentine Karen C/O ANTIGENICS INC. 3 FORBES RD LEXINGTON, MA 02421			VP and General Cou	nsel					
Signatures									
Christine M. Klaskin, by Powe Attorney	r of	01/	/28/2011						
<u>**</u> Signature of Reporting Person			Date						
Explanation of Responses:									

## 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) Represents settlement of restricted stock awarded January 26, 2010.

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.