KLASKIN CHRISTINE M

Form 4

September 14, 2009

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

OMB

Check this box if no longer

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Common

Stock

Stock

Stock

09/10/2009

09/11/2009

(Print or Type Responses)

1. Name and A KLASKIN	Person *	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle)			ANTIGENICS INC /DE/ [AGEN] 3. Date of Earliest Transaction				(Check all applicable)				
162 FIFTH AVE., SUITE 900			09/10/2009				X Officer (give title Other (specify below)				
								below)			
						VP, Finance					
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)				Applicable Line)					
						X Form filed by One Reporting Person					
NEW YORK, NY 10010							Form filed by More than One Reporting Person				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									ly Owned		
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securities Acquired	5. A	Amount of	6.	7. Nature of		
Security			n Date, if	Transactio	on(A) or Disposed of (D)) Sec	urities	Ownership	Indirect		
(Instr. 3)			Code		(Instr. 3, 4 and 5)	Ben	neficially	Form: Direct	Beneficial		
		(Month/D	Day/Year)	(Instr. 8)		Ow		(D) or	Ownership		
							lowing	Indirect (I)	(Instr. 4)		
					(A)	Rep	orted	(Instr. 4)			

Code V Amount

1,325

 $A_{(1)}^{(1)}$ V 3,333

 $S^{(2)}$

(A)

(D)

A

D

Price

\$ 2.4

2.323

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

Transaction(s) (Instr. 3 and 4)

D

D

Ι

by

husband

70,813

69,488

195

Edgar Filing: KLASKIN CHRISTINE M - Form 4

number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Date Expiration	or Title Number	Number		
						Exercisable Date		of			
				Code V	(A) (D)				Shares		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KLASKIN CHRISTINE M 162 FIFTH AVE., SUITE 900 NEW YORK, NY 10010

VP, Finance

Signatures

Christine M. 09/14/2009 Klaskin

**Signature of Date
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).
- (1) Represents settlement of restricted stock which was granted on September 10, 2008.
- (2) Represents exclusively, shares sold to cover minimum federal, state and local tax withholding requirements upon the vesting of the restricted shares granted on September 10, 2008.

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.

Reporting Owners 2