**AGENUS INC** Form 4

### November 01, 2012 FORM 4

#### **OMB APPROVAL**

| OI WINT        | UNITED STATES SECURITIES AND EXCHANGE COMMISSION |
|----------------|--------------------------------------------------|
|                | Washington, D.C. 20549                           |
| Check this box | <b>G</b> ,                                       |

**OMB** 3235-0287 Number:

if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

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).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * ARMEN GARO H |         |            | 2. Issuer Name and Ticker or Trading Symbol AGENUS INC [agen] | 5. Relationship of Reporting Person(s) to Issuer                                                     |  |  |  |
|--------------------------------------------------------|---------|------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--|--|
| (Last) (First) (Middle)  111 W 57TH STREET, SUITE 1101 |         | (Middle)   | 3. Date of Earliest Transaction                               | (Check all applicable)                                                                               |  |  |  |
|                                                        |         | SUITE 1101 | (Month/Day/Year)<br>11/01/2012                                | Director 10% Owner _X Officer (give title Other (specify below) Chairman & CEO                       |  |  |  |
| (Street)                                               |         |            | 4. If Amendment, Date Original                                | 6. Individual or Joint/Group Filing(Cho                                                              |  |  |  |
| NEW YORK, NY 10019                                     |         |            | Filed(Month/Day/Year)                                         | 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 Acc                         | guired Disposed of ar Ranoficially Owner                                                             |  |  |  |

| (City)                               | (State)                              | (Zip) Tab                                                   | le I - Non-     | Derivative Securities Acq                                                                     | uired, Disposed o                                                                                                  | of, or Benefici                                          | ally Owned                                            |
|--------------------------------------|--------------------------------------|-------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code (Instr. 8) | 4. Securities Acquired of (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Stock  Common Stock                  | 11/01/2012                           |                                                             | J <u>(1)</u>    | 2,872 A 4.5957                                                                                | 1,046,444                                                                                                          | D<br>I                                                   | by Trusts,<br>Armen<br>Partners                       |

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)

Antigenics Holdings (2) Edgar Filing: AGENUS INC - Form 4

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)

| 2.          | 3. Transaction Date                                 | 3A. Deemed                                                           | 4.                                                                                                  | 5.                                                                                                                                        | 6. Date Exerc                                                                                                                                                                                | cisable and                                                                                                                                                                                                   | 7. Title                                                                                                                                                                                                                                                                                                                                                          | and                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Price of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. Nu                         |
|-------------|-----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Conversion  | (Month/Day/Year)                                    | Execution Date, if                                                   | Transaction                                                                                         | onNumber                                                                                                                                  | Expiration D                                                                                                                                                                                 | ate                                                                                                                                                                                                           | Amoun                                                                                                                                                                                                                                                                                                                                                             | nt of                                                                                                                                                                                                                                                                                                                                                                                                                           | Derivative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deriv                         |
| or Exercise |                                                     | any                                                                  | Code                                                                                                | of                                                                                                                                        | (Month/Day/                                                                                                                                                                                  | Year)                                                                                                                                                                                                         | Underl                                                                                                                                                                                                                                                                                                                                                            | ying                                                                                                                                                                                                                                                                                                                                                                                                                            | Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secui                         |
| Price of    |                                                     | (Month/Day/Year)                                                     | (Instr. 8)                                                                                          | Derivative                                                                                                                                | e                                                                                                                                                                                            |                                                                                                                                                                                                               | Securit                                                                                                                                                                                                                                                                                                                                                           | ies                                                                                                                                                                                                                                                                                                                                                                                                                             | (Instr. 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bene                          |
| Derivative  |                                                     |                                                                      |                                                                                                     | Securities                                                                                                                                |                                                                                                                                                                                              |                                                                                                                                                                                                               | (Instr. 3                                                                                                                                                                                                                                                                                                                                                         | 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Owne                          |
| Security    |                                                     |                                                                      |                                                                                                     | Acquired                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Follo                         |
|             |                                                     |                                                                      |                                                                                                     | (A) or                                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Repo                          |
|             |                                                     |                                                                      |                                                                                                     | Disposed                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Trans                         |
|             |                                                     |                                                                      |                                                                                                     | of (D)                                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Instr                        |
|             |                                                     |                                                                      |                                                                                                     | (Instr. 3,                                                                                                                                |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     | 4, and 5)                                                                                                                                 |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   | Amount                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           | Date                                                                                                                                                                                         | Expiration                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           | Exercisable                                                                                                                                                                                  | Date                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      | Code V                                                                                              | (A) (D)                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             | Conversion<br>or Exercise<br>Price of<br>Derivative | Conversion (Month/Day/Year)<br>or Exercise<br>Price of<br>Derivative | Conversion (Month/Day/Year) Execution Date, if or Exercise any Price of (Month/Day/Year) Derivative | Conversion (Month/Day/Year) Execution Date, if Transaction or Exercise any Code Price of (Month/Day/Year) (Instr. 8)  Derivative Security | Conversion (Month/Day/Year) Execution Date, if TransactionNumber or Exercise any Code of Price of (Month/Day/Year) (Instr. 8) Derivative Security Acquired (A) or Disposed of (D) (Instr. 3, | Conversion or Exercise any Code of (Month/Day/Pear) Price of (Month/Day/Year) Derivative Security  Code of (Month/Day/Pear) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Exercisable | Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year)  Price of (Month/Day/Year) (Instr. 8) Derivative  Security Securities  Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Expiration Date  Expiration Date  Code of (Month/Day/Year)  (Instr. 8) Derivative  Securities  Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amour or Exercise any Code of (Month/Day/Year) Underly Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 5) Derivative Securities (Instr. 7) Derivative (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Expiration Date Amour Code of (Month/Day/Year) Underly Securities (Instr. 7) Date Expiration Exercisable Date Title | Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year) Underlying Code of (Month/Day/Year) Underlying Securities  Price of (Month/Day/Year) (Instr. 8) Derivative  Security Securities  Securities  Acquired  (A) or  Disposed of (D)  (Instr. 3, 4, and 5)  Date  Expiration Date  Amount of (Month/Day/Year)  Underlying  Securities  Securities  (Instr. 3 and 4)  Amount of (Month/Day/Year)  Underlying  Securities  Securities  Faction Date  Expiration Date  Amount of (Month/Day/Year)  Underlying  Securities  Securities  Faction Date  Expiration Date  Expiration Date  Or Number of | Conversion of Month/Day/Year) |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

ARMEN GARO H 111 W 57TH STREET **SUITE 1101** NEW YORK, NY 10019

Chairman & CEO

# **Signatures**

Christine M. Klaskin, by Power of Attorney

11/01/2012

\*\*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) Represents issuance of stock for payment of 32% of Dr. Armen's base salary for October 2012.
  - Dr. Armen is trustee and has investment authority for the Garo Armen 2009 4 Year GRAT and the Garo Armen 2012 2 Year GRAT, each holding 292,122 and 500,000 shares of Agenus Inc. common stock, respectively. Dr. Armen disclaims beneficial ownership therein. Dr.
- Armen is the General Partner of Armen Partners LP. As of the date of this report Armen Partners owns 250,277 shares of Agenus Inc. common stock. Dr. Armen is also CEO, Chairman of the Board of Managers and a member of Antigenics Holdings LLC ("Holdings") which as of the date of this report owns 4,046 shares of Agenus Inc. common stock. Dr. Armen has a pecuniary interest in only a portion of the shares held by Armen Partners and Holdings and disclaims beneficial ownership to the extent of his pecuniary interest therein.

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.

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