Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person [*] Welsh Amy					2. Issuer Name and Ticker or Trading Symbol <u>AGILE THERAPEUTICS INC</u> [AGRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
													Directo						
					2	Data	of Earliact	Tranc	action (Mor	oth/F)ay/Voar)		-	X Officer below)	(give title		Other (s below)	pecity	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2022								, , ,	ief Comm	orcia	, , ,		
500 COLLEGE ROAD EAST, SUITE 310				1.1									CII	ier comm	lereia	u Onicei			
													_						
(Street)					4.1	t Am	endment, I	Date o	of Original F	iled	(Month/Da	ay/Year)	6. li Line		Joint/Group	Filing	(Check App	licable	
PRINCE	TON N	т	08540											X Form filed by One Reporting Person					
TRINCL		5	00540											Form filed by More than One Reporting					
*														Person					
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of	Security (Ins	tr. 3)		2. Trans	action		2A. Deem	ed	3.			ties Acquire		5. Amou	nt of	6. Ov	nership 7	. Nature	
		,		Date (Month/		ay/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Code (Instr. 5)		d Of (D) (Instr. 3, 4 a		Securitie Beneficia				of Indirect Beneficial		
				(wonthin	Dayite								Owned F	=ollowing (I) (Iı		nstr. 4) 🛛 🛛 🔾	Ownership		
									Code V Amount (A) or			Reported Transact	orted isaction(s)		((Instr. 4)			
									Code	v	Amount	(D)	Price	(Instr. 3 a					
		-	Table II - I	Deriva	tive	Sec	urities	Acai	uired. Di	sno	sed of	or Bene	eficially	Owned					
									, options					ennea					
1. Title of	2.	3. Transaction	3A. Deemed	1 4	1.		5. Numl	ber	6. Date Exe	rcisa	ble and	7. Title an	d Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Date	Execution	Date, 1	ransactior		n of		Expiration Date of Sec			of Securit	ies	Derivative	derivative Securities Beneficially		Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day		Code (I 3)	Instr.		Derivative (Month/Day/Year) Underlying Securities Derivative Sec				Security (Instr. 5)	Form: Direct (D)	Beneficial Ownership					
	Derivative			· · · / ·	,	Acquired (Instr. 3 and 4) (A) or Disposed						Owned Following Reported			or Indirect	(Instr. 4)			
	Security														(I) (Instr. 4)				
						of (D) (Instr. 3, 4 and 5)									Transaction(s) (Instr. 4)				
				- H			0, 4 and												
													Amount or						
									Date				Number						
				0	Code	v	(A)		Exercisable		xpiration ate	Title	Shares						
Employee	1						1					1	İ	İ	1				
Stock		11/00/2025										Common	10.000				-		
Option (Right to	\$0.2	11/09/2022			A		10,000		(1)		1/08/2032	Stock	10,000	\$0	10,000	ן נ	D		
Buy)																			

Explanation of Responses:

1. This option was granted on November 9, 2022. 25% of the shares subject to the stock option vest on November 9, 2023, and the remaining shares vest in 36 substantially equal monthly installments over the following three years such that the option will be fully vested on November 9, 2026.

<u>/s/ Geoffrey P. Gilmore,</u>	
Attorney-in-fact	

** Signature of Reporting Person Date

11/14/2022

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

 \ast 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.