| SEC For | m 4 | | | | | | | | | | | | | | | | |
|---|---|--|--|----------------------------|--|--|---------------|--|------------------------|---|-------------------------------------|---|--|--|--|---|--|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | Filed p | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | RSHIP | | OMB Number: Estimated average burden hours per response: | | 3235-0287 n 0.5 | |
| 1. Name and Address of Reporting Person* ALTOMARI ALFRED | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>AGILE THERAPEUTICS INC</u> [AGRX] | | | | | | | elationship o eck all applica | able) | ig Pers | 10% Ov | vner | |
| (Last) (First) (Middle) 500 COLLEGE ROAD EAST - SUITE 310 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2022 | | | | | | | below) | give title tief Exec | ve title Other below) ef Executive Officer | | specify | |
| (Street) PRINCETON NJ 08540 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n | |
| | (3 | , | ble I - Non-De | arivati | | curitie | <u>ς</u> Δι | cauired D | isnosed (| of or Be | neficially | / Owned | | | | | |
| 1. Title of Security (Instr. 3) Date | | | | ransacti | | | ied 1 Date | a, 3. Transacti Code (Ins | on d. Secur Dispose | ities Acquir d Of (D) (Ins | ed (A) or str. 3, 4 and 5 | 5. Amount of | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Table II - Der (e.g | | | | | uired, Dis s, options | | | | Owned | | 1 | 1 | | |
| 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. Transa Code 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Employee Stock Option (Right to Buy) | \$0.342 | 01/19/2022 | | A | | 675,000 | | (1) | 01/18/2032 | Common Stock | 675,000 | \$0 | 675,0 | 000 | D | | |

Explanation of Responses:

1. This option was granted on January 19, 2022. 25% of the shares subject to the stock option vest on January 19, 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 January 19, 2026.

/s/ Al Altomari

** Signature of Reporting Person Date

01/20/2022

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

 * 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.