FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
----------------	----------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per response	e: 0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Reilly Dennis				2. Issuer Name and Ticker or Trading Symbol AGILE THERAPEUTICS INC [ AGRX ]										k all app Direc	hip of Reporting   pplicable) ector icer (give title		10% O	wner	
(Last)	(Fi OR FARM I	,	(Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2021										Other (specify below)	
(Street) PRINCE						4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person				
(City)	(St	ate) (Z	Zip)												Form filed by More than One Reporting Person				
		Table	I - Noı	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of,	or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution (y/Year) if any			ution Date, Tra		Transaction Disposed O'Code (Instr. 5)					5. Amo Securit Benefic Owned Report	ies cially Following	Form (D) or	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or P	rice	Transa (Instr. 3	ction(s)			(11301.4)
Common Stock 05/11/2					2021	021			P		20,000 A		. :	\$1.35	176,306		D		
Common Stock														25,000				By Spouse.	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	vative urities uired or osed )) r. 3, 4	6. Date Expirati (Month/	on Da			int of rities rlying ative rity (Ins	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numl of Share	ber					

**Explanation of Responses:** 

/s/ Dennis P. Reilly

05/12/2021

\*\* Signature of Reporting Person

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).