FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to	
m 4 or Form 5	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box Section 16. For obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Korner Paul					2. Issuer Name and Ticker or Trading Symbol AGILE THERAPEUTICS INC [AGRX]								(Che	ck all app	,		(s) to Is 10% Ov Other (s	wner	
(Last) (First) (Middle) 500 COLLEGE ROAD EAST, SUITE 310				3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024										belov			below)	эреспу	
(Street) PRINCE		NJ 08540 (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person				on
				n-Deriva	tive S	Secu	rities	Acq	uired.	Dis	posed of	, or E	Bene	l ficial	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Disposed Of (D) (Incode (Instr. 8)					Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		rect direct 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(111501. 4)				
Common	Stock			08/26/2	2024				D		10,125(1	ı)	\$1.52	3	3,375 D			
Common	Stock			08/26/2	2024				D		3,375(2)	Ι)	\$1.52		0	D		
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities lired r osed) : 3, 4	Expiration Da		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Own For Dire or I	nership n: ct (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Upon the consummation of the merger (the "Merger") pursuant to that certain Agreement and Plan of Merger (the "Merger Agreement"), dated as of June 25, 2024, by and among Agile Therapeutics, Inc. (the "Company"), Insud Pharma, S.L. ("Insud"), and Exeltis Project, Inc., a Delaware corporation and indirect, wholly owned subsidiary of Insud ("Merger Sub"), 10,125 restricted stock units ("Agile RSUs") were cancelled and converted into the right to receive a cash payment of \$1.52 (the "Merger Consideration") per Agile RSU, for an aggregate of \$15,390, equal to the product of (x) the Merger Consideration, multiplied by (y) the total number of shares of Common Stock subject to such Agile RSU owned by the reporting person.

2. Upon the consummation of the Merger, pursuant to the Merger Agreement, 3,375 shares of Common Stock were converted into the right to receive the Merger Consideration, for an aggregate of \$5,130, equal to the product of (x) the Merger Consideration, multiplied by (y) the total number of shares of Common Stock owned by the reporting person.

> /s/ Geoffrey P. Gilmore, 08/26/2024 Attorney-in-fact

** Signature of Reporting Person Date

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.