SEC For	m 4
	EODM

1

## FURM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB	APPROVAL
	AFFROVAL

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.					
1. Name and Address of Reporting P BARBARI SHARON	erson <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>AGILE THERAPEUTICS INC</u> [ AGRX ]		ationship of Reporting P < all applicable) Director	erson(s) to Issuer 10% Owner
(Last) (First) 500 COLLEGE ROAD EAST,	(Middle) SUITE 310	3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024		Officer (give title below)	Other (specify below)
(Street) PRINCETON NJ	08540	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil Form filed by One Re Form filed by More th Person	porting Person
(City) (State)	(Zip)				

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of	Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common	n Stock	08/26/2024		D		973 <sup>(1)</sup>	D	\$1.52	0	D	

# 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)	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)		of Deriv Secu Acqu (A) of Dispo of (D)	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ite	Deriv	unt of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares				

#### 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"), 973 shares of Common Stock were converted into the right to receive into the right to receive a cash payment of \$1.52 (the "Merger Consideration") per share of Common Stock, for an aggregate of \$1,479, 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, Attorney-in-fact

08/26/2024

\*\* 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.