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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Name and Address of Reporting Person*  Korner Paul				2. Issuer Name and Ticker or Trading Symbol AGILE THERAPEUTICS INC [ AGRX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Korner	Paul				1							-			Directo			10% Ov			
										X	Officer below)	(give title		Other (s	pecify						
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2022									below)	Cr. MD	d C	,			
500 COLLEGE ROAD EAST, SUITE 310					111/	11/03/2022								Sr. VP and CMO							
*																					
(Stroot)					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) PRINCE	TON N	т	08540		1								- 1	X	Form fi	led by One	Done	ortina Dorco	,		
PRINCE	ION IN	J	00340		1									, ,							
-															Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact							2A. Deem		3. 4. Securities Acquired (A)						5. Amoui				7. Nature		
				Date (Month/D	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)					and	Securitie Beneficia				of Indirect Beneficial			
(Montalia)						(Month/Day/Year									Owned F	ollowing (I) (In		str. 4) C	Ownership		
								Code	v	Amount	(A) o	r Prio	Reported Transact		ion(s)		10	(Instr. 4)			
								Code		Amount (A) or (D)			,,,	(Instr. 3 and 4							
			Table II - D	erivat	ive	Sec	urities	Aca	uired. D	isp	osed of.	or Ben	eficia	llv O	wned						
									, option												
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Number		6. Date Ex			7. Title and Amo			Price of	9. Number of		10.	11. Nature		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ransa ode (I				Expiration Date of Securities (Month/Day/Year) Underlying					Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Year)					)	Securities		Derivative Secu				Securi			Beneficially		Direct (D)	Ownership			
	Derivative Security						Acquire (A) or	ed	(Instr. 3 and 4)							Owned Following		or Indirect (Instr. (I) (Instr. 4)	(Instr. 4)		
						Disposed										Reported		(,, (,	' '		
						of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)					
										Т			Amou	nt							
													or								
									Date	- [,	Expiration		Numb	er							
				C	ode	٧	(A)	(D)	Exercisab		Date	Title	Share	s							
Employee										Т											
Stock Option	\$0.2	11/09/2022			A		10,000		(1)		11/08/2032	Common	10.0	00	\$0	10.00	0	D			
(Right to	Ψ0.2	11/03/2022					10,000			- [	11, 30, 2032	Stock	10,0	~~	Ψυ	10,000	<u> </u>				

## **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.

/s/ Geoffrey P. Gilmore, 11/14/2022 Attorney-in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.