Karrels Jame	es										
Form 4											
September 0	7, 2017										
FORM	14 united		CECUD	TTIES A	ND EV	TT A 1	NCE	COMMISSION	r	PPROVAL	
	UNITE	DSIAIE		shington,			NGE (_OMMISSION	OMB Number:	3235-0287	
Check thi	is box		vv as	anngton,	D.C. 20	549				January 31,	
if no long	STATE	EMENT O	F CHAN	GES IN	BENEFI		LOW	NERSHIP OF	Expires:	2005	
subject to				SECURITIES					Estimated a		
	Section 16. SECURITIES Form 4 or							burden hou response	•		
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	ge Act of 1934,	100001100111	0.0	
obligation may cont		7(a) of the	Public Ut	ility Hold	ling Con	ipany	Act of	f 1935 or Sectio	n		
See Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	40			
1(b).											
	, ,										
(Print or Type F	(kesponses)										
1. Name and A	Address of Reportin	ng Person *	2 Issuer	Name and	Ticker or	Tradir	ισ	5. Relationship of	Reporting Per	son(s) to	
Karrels Jam	-		Symbol	Name and Ticker or Trading				Issuer			
Symbol				OGENICS INC [MGNX]							
(Last)	(First)	(Middle)		Earliest Tr	_		-	(Chec	k all applicable	e)	
			onth/Day/Year)				Director 10% Owner				
9704 MEDI	CAL CENTER	R DRIVE	09/05/20	-				XOfficer (give		er (specify	
								below) SVP, C	below) CFO and Secret	ary	
	(Street)		4 If Ame	ndment Da	te Original					-	
· · · · · · · · · · · · · · · · · · ·				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
					/			_X_ Form filed by (
ROCKVILL	LE, MD 20850							Form filed by N Person	Aore than One Re	eporting	
(City)	(State)	(Zip)				~					
(City)	(State)	(EIP)	Tabl	e I - Non-D	erivative s	Securi	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I			3. T			-	5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	ar) Execution	on Date, if	Code	on(A) or D (D)	ispose	a oi	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(-	(Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)			Owned I	Indirect (I) Ow	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						(D)	\$				
Stock	09/05/2017			Μ	5,000	А	0.94	110,331	D <u>(1)</u>		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee stock option (right to buy)	\$ 0.94	09/05/2017		М	5,000	10/10/2008	04/09/2018	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Address			Relationships		
	Director	10% Owner	Officer	Other	
Karrels James 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850			SVP, CFO and Secretary		
Signatures					
/s/ Lynn Cilinski, Attorney-in-Fact	09/07	/2017			

Date

**Signature of Reporting Person

Explanation of Responses:

* 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).

(1) Owned jointly with reporting person's wife.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.