Edgar Filing: ANTIGENICS INC /DE/ - Form 4

ANTIGENI	CS INC /DE/										
Form 4											
June 02, 200	05										
FORM	Λ4		an an						PPROVAL	-	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0)287	
Check the								Expires:	January		
if no lon subject t		AENT OI	F CHAI	NGES IN	BENE	FICIAL O	WNERSHIP OF	י ז	Estimated average		
Section 16. SECURITIES									burden hours per		
	Form 4 or								•	0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> DECHAENE TOM			2. Issue Symbol	er Name an	d Ticker o	or Trading	5. Relationship of Reporting Person(s) to Issuer				
			•	GENICS I	NC /DE	/[AGEN]					
(Last) (First) (Middle)				of Earliest T			(Check all applicable)				
(Eust)	(induic)		Day/Year)	Tansaction	1	X_ Director 10% Owner					
C/O ANTIGENICS INC., 630 FIFTH AVENUE, SUITE 2100			06/02/2	-			Difficer (give title below) Other (specify below)				
(Street)			4 If Am	endment, D	ate Origin	al	6. Individual or Joint/Group Filing(Check				
	(Succe)			onth/Day/Yea	-	lui	Applicable Line)				
NEW YOR	K, NY 10111		1	,, 2 uj, 1 cu	-)		_X_ Form filed by	One Reporting P More than One R			
(City)	(State)	(Zip)	Tak	la I Non I	Dorivotiv	o Socuritios A	Acquired, Disposed	of or Bonoficio	lly Ownod		
1 771-1									-		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transactio	4. Securi nAcquired		5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial		
(Instr. 3)	(internal Duy) Tour)			Code	Disposed			(D) or Indirect			
(Month/D			ay/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	Owned	(I)	Ownership	þ	
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A)	Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ov	vned directly	or indirectly.				
					Pers	ons who res	spond to the colle		SEC 1474		
					requ	ired to resp	tained in this forn ond unless the fo ntly valid OMB co	rm	(9-02)		

displays a cur number.

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(M	Ionth/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 6.6	06/02/2005		А		15,000		06/02/2006 <u>(1)</u>	06/02/2015	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
DECHAENE TOM C/O ANTIGENICS INC. 630 FIFTH AVENUE, SUITE 2100 NEW YORK, NY 10111	Х			
Signatures				
Christine M. Klaskin, by Power of Attorney		06/02/200	05	
**Signature of Reporting Person		Date		
Signatures Christine M. Klaskin, by Power of Attorney			05	

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) Options vest in 3 equal annual installments beginning 6/2/2006.

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.