## Edgar Filing: ANTIGENICS INC /DE/ - Form 4/A

ANTIGENI	CS INC /DE/								
Form 4/A									
June 11, 20									
FORM	14 UNITED	CTATES SE		S AND EV	CUANCE		т	PPROVAL	
	UNITED	STATES SE		on, D.C. 20			OMB Number:	3235-0287	
Check the			" ushingi	011, D.C. 2			Expires:	January 31,	
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						•	2005	
Section		SECURITIES						Estimated average burden hours per	
Form 4 Form 5								. 0.5	
obligatio	-					nge Act of 1934,	<b></b>		
may cor	itinue.		the Investm	•	- ·	of 1935 or Section	011		
<i>See</i> Inst 1(b).	ruction	50(11) 01 (	ine myestin	ent compu		510			
(Print or Type	Responses)								
1 Name and	Address of Reporting	Person* 2	Issuer Norma	and Tisler a	n Tuadin a	5 Relationshin o	of Reporting Per	rson(s) to	
1. Name and Address of Reporting Person <u>*</u> DECHAENE TOM			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
			ANTIGENICS INC /DE/ [AGEN]						
(Last)	(First) (	Middle) 3. I	Date of Earlies	st Transaction		(Che	eck all applicabl	e)	
			(Month/Day/Year)			_X_ Director 10% Owner			
C/O ANTIGENICS INC., 630			06/07/2007			Officer (giv below)	e title Oth below)	er (specify	
FIFTH AV	ENUE, SUITE 21	100				,	,		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year) 06/11/2007			Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	RK, NY 10111	00	/11/2007			Form filed by			
		(7:)				Person			
(City)	(State)	(Zip)	Table I - No	on-Derivative	e Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			6. Ownership Form: Direct	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Year) Execution Date, if any		TransactionAcquired (A) or Code Disposed of (D)			(D) or Indirect	Indirect Beneficial	
(		(Month/Day/Y		-		Owned	(I)	Ownership	
						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 class of	of securities be	eneficially ow	ned directly o	or indirectly.			
						pond to the colle		SEC 1474	

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

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)

## Edgar Filing: ANTIGENICS INC /DE/ - Form 4/A

(Instr. 3)	Price of Derivative Security	(Month/Day/Ye	ar) (Instr. 8	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 3.02	06/07/2007	А	15,000	06/07/2008 <u>(1)</u>	06/07/2017	Common Stock	15,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	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		06/11/20	07			
**Signature of Reporting Person		Date				

## **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 three equal annual installments beginning June 7, 2008.

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.