#### Edgar Filing: KLASKIN CHRISTINE M - Form 4

KLASKIN Form 4 January 16,	CHRISTINE M										
FOR	M 4 <sub>UNITED</sub>	STATES		RITIES A shington				COMMISSIC		PPROVAL 3235-0287	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimat burden									Estimated burden hou response	urs per	
(Print or Type 1. Name and	e Responses) Address of Reporting	; Person <u>*</u>	2. Issue	er Name <b>an</b> e	<b>d</b> Ticker	or Tra	ading	5. Relationship	of Reporting Per	rson(s) to	
KLASKIN CHRISTINE M			Symbol ANTIGENICS INC /DE/ [AGEN]					Issuer (Check all applicable)			
(Last) (First) (Middle) 162 FIFTH AVE., SUITE 900			3. Date of Earliest Transaction (Month/Day/Year) 01/14/2009					Director 10% Owner X Officer (give title Other (specify below) VP Finance			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivati	ve Seo	curities A	Person	l of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	d Date, if	3. Transactio Code	4. Secu nAcquir Dispos (Instr. 3	urities ed (A) ed of ( 3, 4 an (A of	) or (D) (d 5) .)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Ro	eport on a separate lin	e for each cla	ss of sect	urities bene	Per info req	sons ormat uired	who res ion cont to resp	or indirectly. spond to the coll tained in this for ond unless the fo ntly valid OMB c	m are not orm	SEC 1474 (9-02)	

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 of
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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	Price of Derivative Security		(Month/Day/Year)			Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares
Restricted Stock (1)	<u>(1)</u>	01/14/2009		А		66,600		07/14/2009(2)	(1)	Common Stock	66,600

# **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
KLASKIN CHRISTINE M 162 FIFTH AVE., SUITE 900 NEW YORK, NY 10010			VP Finance						
<b>A</b> 1 ·									

### Signatures

Christine M. 01/16/2009 Klaskin 01/16/2009 <u>\*\*Signature of Date</u> 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) Restricted Stock granted in accordance with the terms of the Antigenics Inc. 1999 Equity Incentive Plan, as amended.
- (2) Vests on July 14, 2009.

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.