

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Care Capital III LLC</u>  (Last) (First) (Middle) <u>PO BOX 276</u>  (Street) <u>AVON BY THE SEA NJ 07717</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>AGILE THERAPEUTICS INC [ AGRX ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>04/18/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities 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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
Care Capital III LLC  
 (Last) (First) (Middle)  
PO BOX 276  
 (Street)  
AVON BY THE SEA NJ 07717  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Care Capital Investments III L.P.  
 (Last) (First) (Middle)  
PO BOX 276  
 (Street)  
AVON BY THE SEA NJ 07717  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Care Capital Offshore Investments III LP  
 (Last) (First) (Middle)  
PO BOX 276  
 (Street)

AVON BY THE NJ 07717  
SEA

(City) (State) (Zip)

**Explanation of Responses:**

**Remarks:**

The reporting persons ceased to be holders of 10% or more of the outstanding common stock of Agile Therapeutics, Inc. (the "Company") on or about April 18, 2018, as disclosed in the Company's proxy statement filed on April 25, 2018. As a result, the reporting persons are no longer subject to Section 16 in connection with transactions in the equity securities of the Company and therefore will no longer report any such transactions on Form 4 or Form 5.

Care Capital III LLC /s/ David R. Ramsay 07/16/2018

Care Capital Investments III L.P., By: Care Capital III LLC, Its General Partner /s/ David R. Ramsay 07/16/2018

Care Capital Offshore Investments III LP, By: Care Capital III LLC, Its General Partner /s/ David R. Ramsay 07/16/2018

\*\* Signature of Reporting Person Date

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

\* 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.**