SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the estment Company Act of 1940

		tion 30(h) of						
1. Name and Address of Reporting Person [*] Atlas Venture Fund IX, L.P.	2. Date of Ev Requiring Sta (Month/Day/Y	tement	3. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]					
(Last) (First) (Middle) 25 FIRST STREET; SUITE 303	05/05/2016		4. Relationship of Reporting Pe (Check all applicable) Director X	(Month/Day/Year) 6. Individual or Joint/Group Filing (Check				
(Street) CAMBRIDGE MA 02141			Officer (give title below)	Other (spe below)		Person Form filed b	y One Reporting y More than One	
(City) (State) (Zip)					X	Reporting P		
	Table I - N	on-Deriva	tive Securities Beneficial	Ily Owned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direc or Indirect ((Instr. 5)	t (D) (Instr		Beneficial Ownership	
			ve Securities Beneficially ants, options, convertible		5)			
1. Title of Derivative Security (Instr. 4)	2. Date Exercised Expiration Da (Month/Day/Y	cisable and ate	1		4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Founder Stock	(1)	(1)	Common Stock	611,827	(1)	D ⁽²⁾		
Series A-1 Preferred Stock	(1)	(1)	Common Stock	2,463,201	(1)	D ⁽²⁾		
Series A-2 Preferred Stock	(1)	(1)	Common Stock	862,120	(1)	D ⁽²⁾		
Series B Preferred Stock	(1)	(1)	Common Stock	492,640	(1)	D ⁽²⁾		
1. Name and Address of Reporting Person [*] Atlas Venture Fund IX, L.P.								
(Last) (First) 25 FIRST STREET; SUITE 303	(Middle)							
,		-						
(Street) CAMBRIDGE MA	02141	_						
	02141 (Zip)	_						
CAMBRIDGE MA	(Zip)	-						
CAMBRIDGE MA (City) (State) 1. Name and Address of Reporting Person* Atlas Venture Associates IX, L (Last) (First)	(Zip)							
CAMBRIDGE MA (City) (State) 1. Name and Address of Reporting Person* Atlas Venture Associates IX, L	(Zip) P.							

1. Name and Address of Reporting Person [*] Atlas Venture Associates IX, LLC						
(Last) 25 FIRST STREE	(First) Γ; SUITE 303	(Middle)				
(Street) CAMBRIDGE	МА	02141				
(City)	(State)	(Zip)				

Explanation of Responses:

1. Each share is convertible into 0.6465903 of a share of Common Stock at any time at the election of the Reporting Person and will automatically convert upon the closing of the Issuer's initial public offering into the number of shares of the Issuer's Common Stock shown in column 3 without payment or further consideration. The shares have no expiration date.

2. The shares are held directly by Atlas Venture Fund IX, L.P. ("Atlas Venture Fund IX"). The general partner of Atlas Venture Fund IX is Atlas Venture Associates IX, L.P. ("AVA IX LP"). Atlas Venture Fund IX", L.C. ("AVA IX LLC") is the general partner of AVA IX LP. Each of AVA IX LP and AVA IX LLC disclaims Section 16 beneficial ownership of the securities held by Atlas Venture Fund IX, except to the extent of its pecuniary interest therein, if any.

Remarks:

Atlas Venture Fund IX, LP, By: Atlas Venture Associates IX, LP, its general partner, By: Atlas Venture Associates IX, 05/05/2016 LLC, its general partner, By: Frank Castellucci, General Counsel /s/ Frank Castellucci Atlas Venture Associates IX, LP, By: Atlas Venture Associates IX, LLC, its general 05/05/2016 partner, By: Frank Castellucci, General Counsel /s/ Frank **Castellucci** Atlas Venture Associates IX, LLC, By: Frank Castellucci, 05/05/2016 General Counsel /s/ Frank Castellucci ** 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 5 (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.