Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT C	F CHANGES IN	BENEFICIAL	OWNERSHIP
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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>CHASE WILLIAM J</u>					2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]									ationship o k all applic Directo	able)	g Pers	son(s) to Iss			
(Last)	•	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023										(give title		Other (s below)	pecify	
C/O INTELLIA THERAPEUTICS, INC. 40 ERIE STREET, SUITE 130				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(Street)	IDGE M	ΙA	02139												Form filed by More than One Reporting Person					
(City)	?)	State)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instru					ınt to a c									
		Tab	le I - Non	-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefic	ally	Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amour Securitie Beneficia Owned F	s Formally (D) of ollowing (I) (II)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
										v	Amount	(A) c (D)	(A) or (D) Pric		Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 04/1-				4/202	1/2023			A		10,483 A		\$(.00	17,283			D			
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transa Code (i 8)		of		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$38.16	04/14/2023			A		14,931		(2)	0	4/13/2033	Common Stock	14,9	31	\$0.00	14,931	L	D		

Explanation of Responses:

- 1. Based on a grant of restricted stock units representing a contingent right to receive one share of Intellia common stock for each restricted stock unit.
- 2. This option was granted on April 14, 2023 with respect to 14,931 shares of Common Stock pursuant to the Intellia Therapeutics, Inc. Amended and Restated 2015 Stock Option and Incentive Plan, with 33 1/3 % vesting on April 14, 2024 and the remaining 66 2/3% vesting in 8 substantially equal quarterly installments thereafter.

Remarks:

/s/ James Basta, Attorney-in-

<u>fact</u>

04/18/2023

** 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.