FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response:									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* FORMELA JEAN FRANCOIS					Intel 3. Date	2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA] 3. Date of Earliest Transaction (Month/Day/Year)									all appl Direct	o of Reporting P licable) for er (give title		rson(s) to Is 10% Ov Other (s	ner
(Last)	(Fi	rst) (Middle)		05/18	15/18/2017									below)			below)	
C/O INTELLIA THERAPEUTICS, INC. 40 ERIE STREET; SUITE 130				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	AIDGE M	Α ()2139											X		filed by More		•	
(City)	(S	tate) (Zip)																
		Tab	le I - No	n-Deriv	ative S	Sec	urities	Ac	quired, D	isp	osed o	of, or Be	eneficia	ally C	Owne	d			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				·	Execution Date,			Transaction Disposi Code (Instr. and 5)		rities Acqu ed Of (D) (Securit Benefic Owned		ties Fo cially (D		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amoun	t (A)	or Pric					r. 4)	(Instr. 4)	
	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)	Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of l		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 derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisable	Ex _l	piration te	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$14.35	05/18/2017			Α		19,000		(1)	05/	17/2027	Common Stock	19,000	\$(0.00	19,000		D ⁽²⁾	

Explanation of Responses:

- 1. This option was granted on May 18, 2017 with respect to 19,000 shares of Common Stock and vests in full on the earlier to occur of (a) the first anniversary of the grant date or (b) the date of the next annual meeting of stockholders following the date of grant.
- 2. The reporting person is a member of Atlas Venture Associates IX, LLC ("AVA IX LLC") and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of the equity grants to Atlas Venture Advisors, L.P. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

Remarks:

/s/ Jean-Francois Formela 05/19/2017

** 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.