FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C.	20549
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STATEMENT	OF CHANGES II	N BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average bu	urden									
hours per response:	0.5									

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

Name and Address of Reporting Person*     Keresty Georgia					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Intellia Therapeutics, Inc. [ NTLA ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>ixcresty</u>	<u> Georgia</u>	<u> </u>						_						2	X Directo	or		10% Ov	vner
(Last)	•	irst) ERAPEUTICS,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/23/2021										Officer (give title below)			specify
		SUITE 130																	
- TO LIGH	JIKEEI,	3011L 130			4. If	f Ame	endment,	Date of	f Original	Filed	(Month/D	ay/Year)				Joint/Group	Filin	g (Check Ap	plicable
(Street)															Line)  X Form filed by One Reporting Person				n
CAMBR	IDGE M	IA	02139										Form f	Form filed by Orie Reporting Person  Person					
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Of Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										v	Amount	(A) (D)	(A) or (D) Pri		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock <sup>(1)</sup> 06/23/				<mark>3/202</mark> 1	/2021			A		2,094	2,094 A \$		\$0.00	0 2,094			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security  1. Title of Derivative Security  1. Transaction Date (Month/Day/Year)  1. Transaction Date (Month/Day/Year)  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		ly Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Nu of	mber ares					
Stock Option (right to	\$83.59	06/23/2021			A		3,382		(2)	00	6/22/2031	Commor Stock	3,	382	\$0.00	3,382		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 June 23, 2021 with respect to 3,382 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.

## Remarks:

/s/Jose E. Rivera, Attorney-In-

**Fact** 

\*\* Signature of Reporting Person Date

06/25/2021

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.