FORM 4

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

Washington, D.C. 20549

|   | OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |
| l | 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

|   |  |       |       |   |  |   |  |   |                  |   | mpany Act          |   |  |  |  |   |  |          |         |
|---|--|-------|-------|---|--|---|--|---|------------------|---|--------------------|---|--|--|--|---|--|----------|---------|
| Name and Address of Reporting Person*  Clark Fliana               |  |       |       |   |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Intellia Therapeutics, Inc. [ NTLA ] |  |   |                  |   |                    |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |  |   |  |          |         |
| <u>Clark Eliana</u>   |  |       |       |   |  |   |  |   |                  |   |                    |   | Direc  |  |  | 10% O   | -  |          |         |
| (Last) (First) (Middle)   |  |       |       |   |  | 3. Date of Earliest Transaction (Month/Day/Year)  |  |   |                  |   |                    |   |  | X  | Office<br>below  | er (give title<br>v)  |  | Other (s | specify |
| C/O INTELLIA THERAPEUTICS, INC.                                   |  |       |       |   |  | 07/03/2023  |  |   |                  |   |                    |   |  | EVP, Chief Technical Officer   |  |   |  |          |         |
| 40 ERIE STREET; SUITE 130   |  |       |       |   | 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) CAMBRIDGE MA 02139                                       |  |       | 1     | Form filed by Mor<br>Person   |  |   |  |   |                  |   |                    |   |  | re tha   | an One Rep   | orting  |  |          |         |
| (City) (State) (Zip)  |  |       |       |   |  | Rule 10b5-1(c) Transaction Indication   |  |   |                  |   |                    |   |  |  |  |   |  |          |         |
|   |  |       |       |   | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |  |   |                  |   |                    |   |  |  |  |   |  |          |         |
|   |  | Table | I - N | on-Deriva   | tive S   | ecur  | rities   | Acc   | quired           | , Dis   | posed o            | f, or E   | Benefic  | ially  | <b>Owr</b>   | ned   |  |          |         |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y |  |       |       |   | Execution Date,  |   |  | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acqui<br>Disposed Of (D) (Ir<br>5) |                  |   |                    |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following |  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |          |         |
|   |  |       |       |   |  |   | Ì  | Code  | v                | Amount  | (A) o<br>(D)       | Price   | Trai   |  | rted<br>action(s)<br>. 3 and 4)                                      |   |  | . ,      |         |
| Common Stock 07/03/20:  |  |       |       |   |  | 23  |  |   | S <sup>(1)</sup> |   | 360                | D   | \$40.5   | 51 <sup>(2)</sup> 45,146   |  | 5,146   |  | D        |         |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |       |       |   |  |   |  |   |                  |   |                    |   |  |  |  |   |  |          |         |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)               | e Conversion Date Execution Date, Transa   |       |       | saction e (Instr.  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |                  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4) |                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |  | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y  | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |         |
|   |  |       |       |   | Code   | v   | (A)  | (D)   | Date<br>Exercis  | sable   | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares                           |  |  |   |  |          |         |

## **Explanation of Responses:**

- 1. Sale of 360 shares that were acquired under the Intellia Therapeutics, Inc. 2016 Employee Stock Purchase Plan on June 30, 2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.51 to \$40.52, inclusive. Upon request by the Commission staff, the Company, or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold by the reporting person on July 3, 2023 at each separate price.

## Remarks:

/s/ Glenn Goddard, attorney-

07/06/2023

in-fact

\*\* 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.