FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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Name and Address of Reporting Person* Rivera Jose E						2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]								heck all app Direc	icable)	ing Person(s) to Iss 10% Ov e Other (s)wner		
	Last) (First) (Middle) C/O INTELLIA THERAPEUTICS, INC. GO ERIE STREET; SUITE 130						3. Date of Earliest Transaction (Month/Day/Year) 10/15/2020								X Office (give tide Corter (specify below) below) EVP, General Counsel					
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)						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 Form filed by More than One Reporting Person						
		Tab	ole I - N	on-Deri	vativ	e Sec	curit	ies Ac	auire	d. Di	isposed o	of. or Be	neficia	IIv Owne						
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					tion	2A. Exe	Deemed cution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)		
Common Stock 10/15/20)20			М		10,000	A	\$6.83	46	294	D				
Common Stock 10/15/20)20			S ⁽¹⁾		5,459	D	\$24.19	(2) 40	835	D				
Common Stock 10/15/20					2020)20		S ⁽¹⁾		156	D	\$24.5	5 40	679	579					
Common Stock													262	262,210			See Footnote ⁽³⁾			
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		3A. Deer Execution if any (Month/I	on Date,	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		ve ies ially ng ed ction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares							
Stock Option (right to	\$6.83	10/15/2020			M			10,000	(4))	02/02/2026	Common Stock	10,000	\$0.00	115,	117	D			

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.53 to \$24.49, 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 October 15, 2020 at each separate price.
- 3. Shares are held by Rivak Capital LLC ("Rivak"). Mr. Rivera is a member and the general manager of Rivak and has voting and dispositive power over these shares.
- 4. The stock option award was issued pursuant to the Intellia Therapeutics, Inc. Amended and Restated 2015 Stock Option and Incentive Plan and vested in full on February 3, 2020.

Remarks:

/s/Jose Rivera ** Signature of Reporting Person 10/16/2020

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.