FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
5 ,	

STATEMENT OF (CHANGES IN	BENEFICIAL	OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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Name and Address of Reporting Person* BASTA JAMES						2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>BAS1</u>	JAME	<u> </u>				1	m	11101	<u>upou</u>	, <u>, , , , , , , , , , , , , , , , , , </u>		[TVI DIT]				Direc	ctor		10% Ov	vner
-															- [Office below	er (give title		Other (s	specify
(Last)	(First)	(N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)									,	aral C	,		
C/O INTELLIA THERAPEUTICS, INC.					01/0	01/03/2025									EVP, General Counsel					
40 ERIE STREET; SUITE 130																				
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. lr	6. Individual or Joint/Group Filing (Check Applicable					
(Street)										•						Line)				
	IDGE 1	ΜA	0:	2139												✓ Form	n filed by On	e Rep	orting Pers	on
																Form filed by More than One Reporting Person				orting
(City)	(State) (7	(ip)												reis	OH			
(Oity)		State	(2	.ip)																
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	3ene	eficia	lly Own	ed			
1. Title of	Security (II	nstr. 3	3)		2. Transac	tion	on 2A. Deemed 3. 4. Sec					4. Securitie	ties Acquired (A)			or 5. Amount of				7. Nature
Date (Month/Day					y/Year)	//Year) Execution D if any (Month/Day		Code					3, 4 and	Benefi Owned	Beneficially (D		D) or Indirect) (Instr. 4)	of Indirect Beneficial Ownership		
									Code	v	Amount (A) or Pi		Price	Transa				(Instr. 4)		
													(0)	-						
Common	Stock				01/03/2	2025				S ⁽¹⁾		7,074)	\$12.1	8 7	74,497		D	
			Tak	۔ اا ماد	Derivati	ve Se	Curit	tios /	7 can	ired [Dien	osed of,	or Be	nof	iciall	v Owne	d		<u> </u>	
			iux									onvertib				, 011110	u			
1. Title of	2.		Transaction	3A. Dec		4.			mber			isable and		le and		8. Price of	9. Number	of	10.	11. Nature
Derivative Security	Conversion or Exercis		ate Month/Day/Year)	Execution Date, if any		Transa Code (mount of ecurities		Derivative Security			Ownership Form:	Beneficial
(Instr. 3) Price of Derivative		- [`	```,	(Month	/Day/Year)	8)		Securities Acquired		(Underlying Derivative		·	(Instr. 5)	Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)
	Security								(A) or		Security (Ir			nstr.		Following		(I) (Instr. 4)		
								Disposed of (D)		3 and 4			14)			Reported Transaction				
							(Instr. 3, 4 and 5)									(Instr. 4)	`			
								anu 5)					_	Ι.						
														or	ount					
										Date		Expiration		Nun of	nber					
						Code	v	(A)	(D)	Exercis	able	Date	Title		res					

Explanation of Responses:

1. Represents a mandatory "sell-to-cover" transaction for the purpose of satisfying the reporting person's tax withholding obligation upon the vesting of RSUs on January 1, 2025, and does not represent a volitional trade by the Reporting Person.

James Basta

01/07/2025

** 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.