FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540
Washington,	D.C.	20049

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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

	nd Address o	of Reporting Person*							er or Tradi tics, Inc						ationship of k all applica Director	able)	g Perso	on(s) to Issu	
(Last) C/O INT	`	First) HERAPEUTICS,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024								X	below)	give title Presiden	t and	Other (s below) CEO	pecify
40 ERIE STREET; SUITE 130					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	IDGE I	МА	02139										X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(	State)	(Zip)		R	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.											o satisfy								
		Та	ble I - Nor	n-Der	rivativ	ve Se	ecuritie	s Acc	quired,	Disp	osed c	of, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/				action 2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispose Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficial Owned For Reported	lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	V	Amount (A) or (D)		Prio	e	Transaction (Instr. 3 au	on(s)	<u> </u>		(111301. 4)	
Common Stock <sup>(1)</sup> 03/01			/01/20	1/2024		A		113,586 A			\$ <mark>0</mark>	960,072			D				
Common Stock													58,415				By Trust <sup>(2)</sup>		
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)	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Co			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		re s i (A) sed str.	Expiration Date of Secu (Month/Day/Year) Underly Derivati			7. Title ar of Securi Underlyir Derivative (Instr. 3 a	ties ig e Securit		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
									(Instr. 4)										
Stock Option (right to buy)	\$32.66	03/01/2024			A		163,929		(3)	02	2/28/2034	Common Stock	163,9	29	\$0	163,92	29	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. Shares held by the John M. Leonard 2015 Irrevocable Trust.
- 3. This option was granted on March 1, 2024 with respect to shares of Common Stock, with 33% vesting on January 1, 2025 and the remaining 67% vesting in 24 substantially equal monthly installments thereafter.

James Basta, attorney-in-fact 03/05/2024

\*\* 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.