FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response

OMB Number: 3235-0287 Estimated average burden

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

| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|------------|--------------------------------------|--|---|--------------------------------|---|-----------------------------|--------------------------------------|---|---|---|---|--|--|--------|
| Bermingham Nessan | | | 1 | Intellia Therapeutics, Inc. [NTLA] | | | | | Ι, | X Director | | | 10% Owner | | | |
| (1+) | /- | ·: | (1.4: -l -ll -) | | Dete | -4 F1:4 | T | ti (1.1 | d= /D = - /\(\frac{1}{2} = -1\) | | | X Officer below) | (give title | | Other (specification) | pecify |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2017 | | | | | | President & CEO | | | | | |
| C/O INTELLIA THERAPEUTICS, INC. | | | | | | | | | | | | | | | | |
| 40 ERIE STREET; SUITE 130 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6 Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | - | 4. II / Wild Marie II, Date of Original Fied (World / Day Fed) | | | | | | Line | Line) | | | | | |
| CAMBRIDGE MA 02139 | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | | | | — I | | | | | | | | Form fil Person | ed by More | e than | One Report | ing |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | |
| | | Ta | ble I - Non-I | Derivati | ve Se | curities | s Ac | quired, D | isposed | of, or Be | neficiall | y Owned | | | | |
| Date | | | 2. Transaction Date Month/Day/ | Execution Date | | Code (Instr. | | red (A) or str. 3, 4 and | Beneficia Owned F | s Form Illy (D) o ollowing (I) (In | | Direct I Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | / Amount | (A) (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | | Instr. 4) | | |
| 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) | perivative Conversion Date Execution Date, cecurity or Exercise (Month/Day/Year) if any | | Code | Transaction Derivative Code (Instr. Securities | | e s I (A) sed str. | Expiration Date of Section (Month/Day/Year) Underliberiya | | of Securi Underlyin Derivative | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | Jii(3) | | |
| Stock Option (right to buy) | \$18.295 | 12/12/2017 | | A | | 292,500 | | (1) | 12/11/2027 | Common Stock | 292,500 | \$0.00 | 292,50 | 0 | D | |

Explanation of Responses:

1. This option was granted on December 12, 2017 with respect to 292,500 shares of Common Stock, with 25% vesting on December 12, 2018 and the remaining 75% vesting in 36 substantially equal monthly

Remarks:

/s/ Jose Rivera, Attorney-In-

12/14/2017

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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$