FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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)

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Name and Address of Reporting Person* Goddard Glenn						2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
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-					_									_ ;	Officer below)	(give title		Other (s	pecify	
(Last)	(First)	(Middle)					Trans	action (Mo	nth/E	ay/Year)				,		nanci	, ,	.	
C/O INT	ELLIA T	HERAPEUTICS,	INC.		03	03/03/2021									EVP, Chief Financial Officer					
40 ERIE	STREET	SUITE 130																		
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line	,					
CAMBR	IDGE	MΑ	02139											2	K Form f	iled by One	Repo	orting Persor	ו	
															Form f Persor		e than	One Repor	ting	
(City)	(State)	(Zip)												1 01301	•				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (In	str. 3)		2. Transa	action								5. Amou			rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Date (Month/I				Day/Ye	ear)	Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		1 Of (D)	Of (D) (Instr. 3, 4 an		Securitie Beneficia	ally (D) (Following (I) (I						
													Owned F Reported		(I) (In					
									Code	v	Amount	(A	() or ()	Price	Transact	Transaction(s) (Instr. 3 and 4)			` '	
														(ilisti. 3 d	110 4)					
			Table II - I												Owned					
			(e.g., p	uts,	call	s, warr	ants	, option	s, c	onvertil	ble se	curi	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, T	ransaction ode (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration vate	Title	0 N	Amount or lumber of Shares						
Stock		+								\top		\vdash								
Option (right to	\$57.71	03/03/2021			A		73,500		(1)	0	3/02/2031	Comm		3,500	\$0.00	73,500		D		

Explanation of Responses:

(2)

1. This option was granted on March 3, 2021 with respect to 73,500 shares of Common Stock, with 25% vesting on January 1, 2022 and the remaining 75% vesting in 36 substantially equal monthly installments

(2)

2. On March 3, 2021, the reporting person was granted 12,250 Restricted Stock Units ("RSUs") pursuant to the Intellia Therapeutics, Inc. Amended and Restated 2015 Stock Option and Incentive Plan. Each RSU represents a contingent right to receive one share of the Company's common stock upon vesting, with 25% of the RSU vesting on January 1, 2022 and the remaining awards vesting as to 25% in substantially equal annual installments.

Remarks:

buy) Restricted

Stock Unit

/s/Jose Rivera, Attorney-In-03/05/2021 **Fact**

** Signature of Reporting Person Date

12,250

\$0.00

12,250

D

Common

Stock

(2)

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).

03/03/2021(2)

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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12,250

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.