FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

2A. Deemed

Execution Date,

if any (Month/Day/Year)

1	OMB APPRO	JVAL
	OMB Number:	3235-0287
	Estimated average burd	len
1	hours per response:	0.5

6. Ownership Form: Direct

(D) or Indirect (I) (Instr. 4)

7. Nature

of Indirect

Beneficial Ownership

(Instr. 4)

5. Amount of

Transaction(s) (Instr. 3 and 4)

Securities

Beneficially Owned Following Reported

	Check this box if no longer subject to
\Box	Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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					
. Name and Address of Reporting Person* <u>Cole Douglas G.</u>	2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O EDITAS MEDICINE, INC. 300 THIRD STREET	3. Date of Earliest Transaction (Month/Day/Year) 08/17/2017	Officer (give title Other (specify below) below)				
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
Street) CAMBRIDGE MA 02142		X Form filed by One Reporting Person Form filed by More than One Reporting Person				
City) (State) (Zip)						
Table I - Non	-Derivative Securities Acquired, Disposed of, or Benefi	icially Owned				

	08/17/2017		J ⁽¹⁾		1,686	A	(1)	3,171	D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned										

Transaction

Code (Instr. 8)

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)

(A) or (D)

ı	(e.g., puts, cails, warrants, options, convertible securities)																
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties lying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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					

Explanation of Responses:

1. Title of Security (Instr. 3)

Common Stock

1. On August 17, 2017, Flagship Ventures Fund IV, L.P. ("Flagship IV") and Flagship Ventures Fund IV-Rx, L.P. ("Flagship IV-Rx") distributed to its limited partners and sole general partner, Flagship Ventures Fund IV General Partner, LLC ("Flagship IV LLC"), pro rata and without consideration, 1,361,400 shares and 340,349 shares, respectively, of the Issuer's common stock. Flagship IV LLC, in turn, distributed to its members, pro rata and without consideration, the 57,022 shares and 11 shares it received from Flagship IV and Flagship IV-Rx, respectively. Mr. Cole, a member of Flagship IV LLC, received 1,686 shares through such distribution.

Remarks:

/s/ Anthony Joyce, as Attorney-08/21/2017 in-Fact for Douglas G. Cole

** 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).

2. Transaction Date

(Month/Day/Year)

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.