П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APP | ROVAL |
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| | 3235-0287 |

| 1. Name and Address of Reporting Person [*] <u>Myer Vickesh</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>Editas Medicine, Inc.</u> [EDIT] | | tionship of Reporting Person all applicable) Director Officer (give title | n(s) to Issuer 10% Owner Other (specify | | |
|--|---------------|----------------|---|--|--|---|--|--|
| (Last) (First) (C/O EDITAS MEDICINE, INC. | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2019 | | below) Chief Technology (| below) Officer | | |
| (Street) CAMBRIDGE (City) | MA (State) | 02141 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 03/18/2019 | | M ⁽¹⁾ | | 3,000 | Α | \$0.65 | 3,000 | D | |
| Common Stock | 03/18/2019 | | S ⁽¹⁾ | | 3,000 | D | \$24.5 | 0 | D | |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | | | | |
| Stock Option (right to buy) | \$0.65 | 03/18/2019 | | M ⁽¹⁾ | | | 3,000 | (2) | 04/29/2025 | Common Stock | 3,000 | \$0 | 73,307 | D | |

Explanation of Responses:

1. The exercise and sale reported on this Form 4 were effected pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on September 15, 2017.

2. This option was granted on April 30, 2015 and is scheduled to vest over four years, with 25% of the shares having vested on April 21, 2016, and the remaining 75% of the shares scheduled to vest in equal monthly installments thereafter through April 21, 2019.

/s/ Vickesh Myer

** Signature of Reporting Person

03/20/2019 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.