FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Hack Andrew A. F. (Last) (First) (Middle) C/O EDITAS MEDICINE, INC. | | | | | | Susuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT] 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2017 | | | | | | | | | | heck all | tionship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specibelow) below) Chief Financial Officer | | | | wner |
|---|---|--|--|--------|-------------------------|--|-----|-----------|---------------|--|-----|-------------------|----------------------------|---|--|---------------------------------------|--|---|---|--|---|
| 11 HURLEY ST. (Street) CAMBRIDGE MA 02141 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action | ar) i | Curities Acque 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Tra | ansact | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | d (A) or | or 5. Amou 4 and Securiti Benefici | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | ode | v | Amount | | (A) or (D) | Price | Transa (Instr. 3 | | ction(s) | | | (111511.4) |
| Common Stock 02/15/ | | | | | | 7 | | | | [(1) | | 3,000 | 0 | A | \$3.2 | 23 | 3,000 | | D | | |
| Common Stock 02/15/ | | | | | | 7 | | | | S | | 3,000 | 0 D \$1 | | \$19 | .2 | 0 | | | D | |
| | | 7 | able II - | | | | | | | | | sed of onverti | | | | y Owr | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | of | | e Exer ation D h/Day/ | ate | ble and | Amo Seco Und Deri | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Prio Deriva Secur (Instr. | ative ity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | i Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exerc | isable | | opiration | Title | | Amount or Number of Shares | | | | | | |
| Stock Option (right to | \$3.23 | 02/15/2017 | | | M ⁽¹⁾ | | | 3,000 | (2 | 2) | 07 | 7/13/2025 | | nmon ock | 3,000 | \$(|) | 155,07 | 6 | 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 June 15, 2016.
- 2. This option was granted on July 14, 2015 and is scheduled to vest over four years with 25% of the shares having vested on July 1, 2016, and the remaining 75% of the shares scheduled to vest in equal monthly installments thereafter through July 1, 2019.

/s/ Andrew A. F. Hack

02/16/2017

** 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.