FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								

0.5

Estimated average burden hours per response:

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* <u>Bosley Katrine</u>						2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]									k all app Dired	olicable) ctor		Owner
(Last) (First) (Middle) C/O EDITAS MEDICINE, INC. 11 HURLEY ST.						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2018								X	X Officer (give title below) Other (specify below) President and CEO			
(Street) CAMBRIDGE MA 02141 (City) (State) (Zip)					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or I	3enet	icially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D						Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pric		ce	Trans		action(s) 3 and 4)	(Instr. 4)
Common Stock 08/01/20						018		S ⁽¹⁾		6,233	D \$2		29.36 ⁽²⁾	1,279,066		D		
Common Stock 08/01/20						018		S ⁽¹⁾		2,100	D \$30		30.12 ⁽³⁾	(3) 1,276,966		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)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te Amount Securitie Underlyi Derivativ Security and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numb of Share						

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on March 17, 2017, as amended.
- 2. This transaction was executed in multiple trades at prices ranging from \$28.92 to \$29.89. The price reported above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. This transaction was executed in multiple trades at prices ranging from \$29.92 to \$30.38. The price reported above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Anthony Joyce, attorney-infact

08/03/2018

** 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.