FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	

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

Name and Address of Reporting Person* Nikolic Boris						2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]									tionship o all applio Directo	able)	g Pers	son(s) to Issi 10% Ow			
(Last) (First) (Middle) C/O EDITAS MEDICINE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017									Officer below)	(give title		Other (s below)	pecify		
11 HURLEY ST.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBRIDGE		MA 02141												X		led by Mor		orting Persor One Repor			
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficia	lly (Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	ties Acquire I Of (D) (Ins		and Securitie Benefici		s illy ollowing	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	,	Amount	(A) oi (D)	Price	rian Trans		ed ction(s) 3 and 4)		[
		-							uired, Dis , options						wned			,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exe Expiration I (Month/Day	Date	of Securities		ies g Security	Deriv Secu urity (Instr		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares								
Stock Option (right to buy)	\$15.63	06/15/2017			A		11,538		(1)	06	6/14/2027	Common Stock	11,538	3	\$0	11,538	В	D			

Explanation of Responses:

1. This option was granted on June 15, 2017 and is scheduled to vest in full on June 15, 2018.

/s/ Boris Nikolic

06/1<u>9/2017</u>

** 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.