FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

Line)

X

Person

					11	0		
Section 1	Section 16. Form 4 or Form 5		MENT OF CHANGES IN BENEFICIAL O	OMB Number: 3235-0287 Estimated average burden				
obligation Instructio	ns may continue. <i>See</i> n 1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of		hours per response:			
			or Section 30(h) of the Investment Company Act of 1940					
1	Address of Reporting F	Person*	2. Issuer Name and Ticker or Trading Symbol Editas Medicine , Inc , [EDIT]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Bosley K	<u>Bosley Katrine</u>			X	Director		10% Owner	
				x	Officer (give	e title	Other (specify	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)		below)	
C/O EDIT	AS MEDICINE, IN	С.	07/02/2018		Pre	sident and CI	EO	
11 HURLE	EY ST.							

(Street) CAMBRIDGE	MA	02141
(City)	(State)	(Zip)

(Ziþ)

4. If Amendment, Date of Original Filed (Month/Day/Year)

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. Transaction Code (Instr. 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)		(1150.4)	
Common Stock	07/02/2018		S ⁽¹⁾		3,000	D	\$36 ⁽²⁾	1,290,632	D		
Common Stock	07/02/2018		S ⁽¹⁾		5,333	D	\$36.46 ⁽³⁾	1,285,299	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)				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				

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 \$35.31 to \$36.28. 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 \$36.32 to \$36.64. 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/ Katrine Bosley
 07/0

 ** Signature of Reporting Person
 Date

07/05/2018

Signature of Reporting Person

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.