FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / la : 4	D C	20540
Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours por rosponso:	0.5								

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

Name and Address of Reporting Person* Lucera Erick				2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify								
(Last)	(F LEY STRE	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023						X	below)		ANC	Other (specify below) ANCIAL OFFICER			
(Street)	IDGE M	1A	02141		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)		Rι	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Exection Day/Year) if any		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v			or I	Price	Reported Transacti (Instr. 3 a	ion(s)		((Instr. 4)	
Common Stock ⁽¹⁾ 05/17				7/2023			A		77,900 A		A	\$ <mark>0</mark>	77,900			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		3A. Deemed Execution Date, if any (Month/Day/Yea	ate, Ti	Code (Instr.				6. Date Exercisable Expiration Date (Month/Day/Year)			le and 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
				C	ode	v	(A)	(D)	Date Exercisable		piration ite	Title	or Num	ount nber hares		Transaction(s) (Instr. 4)			
Stock Option (right to buy)	\$9.61	05/17/2023		A			155,800		(2)	05.	/16/2033	Commor Stock	155	5,800	\$0 155,800)0	D	

Explanation of Responses:

- 1. The common stock received by the Reporting Person was in connection with the grant of a restricted stock unit award to the Reporting Person, for no consideration, and which is scheduled to vest over four years in equal yearly installments of one-fourth of the shares, with the first such installment to vest on May 17, 2024 continuing through May 17, 2027.
- 2. This option was granted on May 17, 2023 and is scheduled to vest over four years, with 25% of the shares to vest on May 17, 2024 and the remaining 75% of the shares scheduled to vest in equal monthly installments thereafter through May 17, 2027.

/s/ Erick Lucera

05/18/2023

** 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.