FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D C	20540
wasiiiigton,	D.C.	20049

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

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1. Name and Address of Reporting Person*  Vaishnaw Akshay						2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [ EDIT ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
vaisilli	avv ANS	<u>14 y</u>			$\vdash$									_  >	Directo	or		10% Ov	/ner	
(Last)		(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024								Officer (give title below)			Other (s below)	pecify			
C/O EDI	TAS ME	DICINE, INC.,			H	I.C. A	on done and the	D - 1 -	f Out of a 1	-u ·	(1.1 11- /2	() ( )			an and a	1-1-1/0	F.111	(Ob l- 1	. P de Le	
				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
11 HURLEY ST.													- 1 '	X Form filed by One Reporting Person						
(Charach)														Form filed by More than One Reporting						
(Street)	IDCE	МА	02141												Persor					
CAMBRIDGE MA 02141						ula	10hE	1(0)	Trops	t	ion Ind	iootic	<u> </u>							
					K	Rule 10b5-1(c) Transaction Indication														
(City)		(State)	(Zip)		$1_{\Box}$	l Che	ck this box	to indic	cate that a t	ransa	ction was m	nade pur	suant	to a contra	ect. instructio	n or written	plan th	at is intended	l to	
						satis	fy the affirm	mative	defense co	nditio	ns of Rule 1	0b5-1(c)	See	Instruction	10.	or writter	pan ti			
		Tak	ole I - Nor	า-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or E	3ene	eficially	/ Owned	<u> </u>				
1. Title of Security (Instr. 3) 2. Transa				action			A. Deemed		3. 4. Securities Acquired (			5. Amou				7. Nature				
Date (Month				(Month/Day/Year) i		Execution Date, if any (Month/Day/Yea		Code (Instr. 5)			d Of (D) (	Instr.	3, 4 and	Securitie Benefici				of Indirect Beneficial		
			`												Following (I) (I		Instr. 4)	Ownership		
							Code	v	Amount	(A) or		Price	Transact	tion(s)		- 1	(Instr. 4)			
									1000	_	Amount	it (D)			(Instr. 3	and 4)				
			Table II -	Deriva	tive	Sec	urities	Acai	uired, D	ispo	osed of.	or Be	nef	icially	Owned					
									,		onvertil			•						
1. Title of		4.					6. Date Exercisable and 7. Title and Amo				8. Price of	9. Number of		10.	11. Nature					
Derivative Security	Conversion or Exercis	Execution Date, if any		Transaction Code (Instr.				Expiration Date of Securities (Month/Day/Year) Underlying			•	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial				
(Instr. 3)	y/Year) 8)		` Securities		ies	Derivative Secu					(Instr. 5)	Beneficially		Direct (D) Owne	Ownership					
Derivative Acquired (Instr. Security (A) or									and	4)		Owned Following	,	(I) (Instr. 4)	(Instr. 4)					
							Disposed of (D) (Instr.										Reported Transaction(s)			
							3, 4 and							(Instr. 4)	Oii(a)					
										Т			A	mount						
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									Date		xpiration		0	f						
				- 0	Code	٧	(A)	(D)	Exercisab	le [	Date	Title	8	hares						
Stock																				
Option (right to	\$5.17	05/30/2024	1		Α		25,000		(1)	0	5/29/2034	Comm	on 2	25,000	\$ <mark>0</mark>	25,00	0	D	1	

## **Explanation of Responses:**

1. This option was granted on May 30, 2024 and is scheduled to vest in full on May 30, 2025.

## Remarks:

(right to buy)

/s/ Akshay Vaishnaw

Stock

06/03/2024

\*\* 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.