FORM 4

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

OMB APPROVAL

President and CEO

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

Line)

X

Person

					-	-	
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMEN	OMB Number: Estimated avera	3235-02 Ige burden	287			
obligations may continue. See Instruction 1(b).	bligations may continue. See struction 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*		2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]		tionship of R all applicable	eporting Person e)	(s) to Issuer	
Bosley Katrine		<u>Edito medicine, mei</u> [EBIT]	X	Director		10% Owner	
			l	Officer (giv	e title O	Other (specify	
(Last) (First) (Mi	iddle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	0	below)	

10/01/2018

11 HURLEY ST. (Street)

C/O EDITAS MEDICINE, INC.

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock	10/01/2018		S ⁽¹⁾		6,234	D	\$30.64(2)	1,246,732	D			
Common Stock	10/01/2018		S ⁽¹⁾		5,766	D	\$31.44 ⁽³⁾	1,240,966	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y	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 \$30.20 to \$31.18. 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 \$31.20 to \$31.98. 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 10/03/2018

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \star 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.