FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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* Pool ov. Matring.					2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> Bosiey</u>	ey Katrine Et									_	•				X Dire	ctor	10%	Owner	
(Last)	(F	irst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)								-	X Officion below	,	belo	er (specify w)	
C/O EDITAS MEDICINE, INC.						11/01/2018									President and CEO				
11 HURLEY ST.																			
,					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ir	6. Individual or Joint/Group Filing (Check Applicable				
(Street)						The state of original race (months of real)									Line)				
CAMBR	IDGE M	A C)2141											2	X Form filed by One Reporting Person				
					-										Forn Pers		re than One R	eporting	
(City)	(S	tate) (Zip)																
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or I	3ene	iciall	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4 in the control of (D) (Instr. 3) in the control of (D							6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
								Code	v	Amount	(A) (D)	or Pr	ice	Trans	action(s) 3 and 4)		(111501.4)		
Common Stock 11/01/2						018		S ⁽¹⁾		3,400	D	\$	26.03 ⁰	(2) 1,2	237,566	D			
Common Stock 11/01/2					2018	2018		S ⁽¹⁾		8,600	D	\$	27.21 ⁰	1,228,966		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Executive or Exercise (Month/Day/Year) if an			3A. Dee Execution if any (Month/I				5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	. Price of Perivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numl of Share	er					

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 \$25.49 to \$26.44. 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 \$26.57 to \$27.52. 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

11/05/2018

** 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.