FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									

Estimated average burden hours per response: 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

1. Name and Address of Reporting Person*  Hack Andrew A. F.						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Editas Medicine, Inc. [ EDIT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify				
	Last) (First) (Middle) C/O EDITAS MEDICINE, INC. 1 HURLEY ST.							3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018							Chief Fina	ncial	below)	opeony
(Street) CAMBR (City)	IDGE M		02141 (Zip)		_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
		Tab	le I - No	on-Deriv	ative	Sec	uriti	ies Ac	quired	l, Di	sposed o	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				y/Year) Exec		A. Deemed xecution Date, any Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 09/28			2018	018			M <sup>(1)</sup>		8,000	A	\$6.4	3 8	8,000		D			
Common Stock 09/28/20			/2018	018		S <sup>(1)</sup>		8,000	D	\$32.08	3(2)	0		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. Deer Execution if any (Month/E	n Date,	Date, Transac Code (Ir		tion of		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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Inst	Ownership	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to	\$6.48	09/28/2018			<b>M</b> <sup>(1)</sup>			8,000	(3)		09/13/2025	Common Stock	8,000	\$0	23,513	3	D	

## **Explanation of Responses:**

- 1. The exercise and sale reported on this Form 4 were effected pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on June 29, 2018.
- 2. This transaction was executed in multiple trades at prices ranging from \$31.73 to \$32.46. 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 option was granted on September 14, 2015 and is scheduled to vest over four years with 25% of the shares having vested on July 1, 2016, and the remaining 75% of the shares scheduled to vest in equal monthly installments thereafter through July 1, 2019.

/s/ Andrew Hack 10/02/2018

\*\* 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.