FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	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

Name and Address of Reporting Person* Reeve Emma			E	2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]					(Ch	eck all applic	cable) or	Person(s) to Iss 10% Ov	wner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024						Officer below)	(give title	Other (sbelow)	specify	
C/O EDITAS MEDICINE, INC. 11 HURLEY ST.			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
				_								_	,	eporting Perso	
(Street)												Form f Persor		han One Repo	rting
CAMBR	IDGE M	A	02141	-	ulo 1	10h5	1/0	Transa	ction Inc	lication					$\overline{}$
(City)	(S	tate)	(Zip)	_ '`	uic	1005-	1(0,	, italisa	StiOII IIIC	lication					
(3.9)	,-	,	(—·F/					icate that a trai defense condi					n or written pla	n that is intende	d to
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date))	Execution Date,		Code (Instr. 5)			Beneficia Owned F	es For ially (D) Following (I) (rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V	Amount	(A) o	Price	Reported Transact (Instr. 3	ion(s)		(Instr. 4)		
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)	rivative Conversion Date Execution Date, Trustity or Exercise (Month/Day/Year) if any		Code (ransaction of ode (Instr. Derivative		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 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				
Stock Option (right to buy)	\$5.17	05/30/2024		A		25,000		(1)	05/29/2034	Common Stock	25,000	\$0	25,000	D	

Explanation of Responses:

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

Remarks:

/s/ Emma Reeve

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.