FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D C	20540
vasiiiigioii,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Burkly Linda				2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last)	`	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/24/2023								X Officer (give title below) Other (specify below) EVP, CHIEF SCIENTIFIC OFFICER					
(Street)	IDGE I	ΜΑ	02141		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)		Rι	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date		Date	e, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F	s For ally (D) ollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v			or	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock ⁽¹⁾ 07/24/				4/2023	/2023 A 45,167 A		A	\$ <mark>0</mark>	45,167			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		3A. Deemed Execution Date, if any (Month/Day/Year	ate, T	4. Transaction Code (Instr. 8)				6. Date Exercisabl Expiration Date (Month/Day/Year)			of Securities			8. Price of Derivative Security (Instr. 5)	e derivative Securities Beneficial Owned Following Reported	Owners Form: Direct (i) Or Indirect (i) (Insti	Ownership	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable		piration ate	Title	Amo or Num of Si			Transaction(s) (Instr. 4)			
Stock Option (right to buy)	\$8.66	07/24/2023		A			135,500		(2)	07	/23/2033	Commor Stock	135	5,500	\$ 0 135,500		00	D	

Explanation of Responses:

- 1. The common stock received by the Reporting Person was in connection with the grant of a restricted stock unit award to the Reporting Person, for no consideration, and which is scheduled to vest over four years in equal yearly installments of one-fourth of the shares, with the first such installment to vest on July 24, 2024 continuing through July 24, 2027.
- 2. This option was granted on July 24, 2023 and is scheduled to vest over four years, with 25% of the shares to vest on July 24, 2024 and the remaining 75% of the shares scheduled to vest in equal monthly installments thereafter through July 24, 2027.

/s/ Linda C. Burkly

07/25/2023

** 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.