FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     ROBERTSON MICHELLE				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							
(Last)	`	rst) ( ICINE, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023									X Officer (give title Other (specify below)  EVP, CHIEF FINANCIAL OFFICER					
11 HURLEY ST.					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) CAMBRIDGE MA 02141													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	ate) (	Rule 10b5-1(c) Transaction Indication																
						X 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.										tended			
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	juired,	Dis	posed of	, or E	3enefi	cially	/ Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Executio			ate,	Transaction Disposed Code (Instr. 5)		ties Acquired (A I Of (D) (Instr. 3		8, 4 and Secur Benef Owne Follow		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Pric	e	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 05/11/20					1023			S <sup>(1)</sup>		949	1	\$9.	9.872 1		06,610		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)	ative Conversion Date Execution Date, if any		ition Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	vative rities nired r osed )	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 Beneficially Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. Sale was effected pursuant to a durable automatic sales instruction plan adopted by the Reporting Person on December 30, 2019, and represents the sale of shares by the Issuer necessary to meet tax withholding obligations as a result of vesting in restricted stock units on May 10, 2023. The sale does not represent a discretionary trade by the Reporting Person.

/s/ Michelle Robertson

05/15/2023

\*\* 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.