FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| ı | UMB APPRO | JVAL |
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| | OMB Number: | 3235-0287 |
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| | hours per response: | 0.5 |

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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* Albright Charles | | | | 2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|------------|---|--|--|--------|---------------|---------------------|--|--------------------------------------|---|---|---|--|--|--|
| | | | (A 4: -1 -11 -) | | 2.5 | Oato o | f Earlingt | Trans | caction (Month | a/Day/Voor\ | | _ : | X Officer below) | (give title | 10% Ov Other (s below) | |
| (Last) (First) (Middle) C/O EDITAS MEDICINE, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2019 | | | | | | Chief Scientific Officer | | | | | | |
| 11 HURLEY ST. | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) CAMBR | IDGE M | IA | 02141 | | | | | | | | | - 1 | X Form f | led by One Rep | • | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | Persor | | Спо порог | 9 |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | Code (Instr. 5) | | | Benefici Owned F | es Form ally (D) o Following (I) (Ir | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | Code V | Amount | (A) or (D) | 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) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, Ti | 4. Transaction Code (Instr. 8) | | | | 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) |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | (1) | 01/31/2019 | | | A | | 17,977 | | (2) | (2) | Common Stock | 17,977 | \$0 | 17,977 | D | |

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ the \ right \ to \ receive \ one \ share \ of \ common \ stock \ of \ Editas \ Medicine, \ Inc.$
- 2. The restricted stock unit award is scheduled to vest in its entirety on January 31, 2020, subject to acceleration in specified circumstances. Vested shares will be delivered to the Reporting Person on January 31, 2020

/s/ Charles Albright

02/04/2019

** 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.