FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB North Co.										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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* <u>Hirsch Andrew</u>				2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [ EDIT ]						(Ch	Relationship of Reporting Person (Check all applicable)     X Director			uer vner			
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024							Officer below)	(give title	Other (s below)	pecify	
C/O EDITAS MEDICINE, INC., 11 HURLEY ST.				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable )  Form filed by One Reporting Person					
(Street) CAMBRIDGE MA 02141												Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a costatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruc					nt to a conti ee Instructio	ract, instruction or written plan that is intended to in 10.					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transat Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			ed (A) or tr. 3, 4 and	5. Amou Securitie Beneficia Owned F Reported	s Fo ally (D) ollowing (I)	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	,	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		su. 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	onversion   Date   Execution Date   Transaction   Code (Instr. rice of erivative   Transaction   Code (Instr. rice of erivative   Transaction   Transaction   Code (Instr. rice of erivative   Transaction   Code (Instr. rice of erivative   Transaction   Code (Instr. rice of erivative   Transaction   Transaction   Code (Instr. rice of erivative   Code (Instr. rice of erivative		on of Underlying Securities Expiration Date (Month/Day/Year) Underlying Derivative			7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$5.17	05/30/2024			Α		25,000		(1)	05	5/29/2034	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/ Andrew Hirsch

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.