FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| OMB APPROVAL | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average bu | ırden | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Michaels Lisa Anne | | | 2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT] | | | | | | | (Che | ationship of Reportir all applicable) Director Officer (give title | | 10% O | | | | | |
|--|---------|--|---|-----------------|--|-------------------|--------------|--------------------|--|---|---|---|--------------------------|---|--|----|--|---------------------------------------|
| (Last) (First) (Middle) C/O EDITAS MEDICINE, INC. 11 HURLEY ST. | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2020 | | | | | | X | below) EVP | /Chief M | | below)` al Officer | | | | | |
| (Street) CAMBR (City) | | 1A State) | 02141 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transa Date (Month/Da | Execution Date, | | Code (Instr. 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Transacti | saction(s) r. 3 and 4) | | | (111511.4) | |
| Common Stock ⁽¹⁾ | | | 11/09/ | 9/2020 | | A | | 20,000 A | | \$ <mark>0</mark> | 20,000 | | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution Date, | | Code (Instr. | | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Cod | e V | (A) | | Date Exercisabl | | xpiration ate | Title | or Nu | nount Imber Shares | | Transaction(s) (Instr. 4) | | | |
| Stock Option (right to buy) | \$30.41 | 11/09/2020 | | A | | 120,000 | | (2) | 1 | 1/08/2030 | Commo Stock | | 20,000 | \$0 | 120,00 | 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 November 9, 2021 continuing through November 9, 2024.
- 2. This option was granted on November 9, 2020 and is scheduled to vest over four years, with 25% of the shares to vest on November 9, 2021 and the remaining 75% of the shares scheduled to vest in equal monthly installments thereafter through November 9, 2024.

11/10/2020

** 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.