| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 3235-0287

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | - | Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | - | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 |
|--|-----------------------------------|--|--|---|
| 1. Name and Address of Reporting Person [*] <u>ROBERTSON MICHELLE</u> | | 2. Issuer Name and Ticker or Trading Symbol Editas Medicine, Inc. [EDIT] | (Check all applicab Director X Officer (gi | 10% Owner ve title Other (specify |
| (Last) (First) (M C/O EDITAS MEDICINE, INC. 11 HURLEY ST. | <i>l</i> iddle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2021 | below) | below) f Financial Officer |
| (Street) CAMBRIDGE MA 0 | 2141 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form filed | t/Group Filing (Check Applicable by One Reporting Person by More than One Reporting |
| | ^{Zip)} I - Non-Deriva | tive Securities Acquired, Disposed of, or Benef | | |

| 1. Title of Security (Instr. 3) | | 2A. Deemed 3. Execution Date, if any (Month/Day/Year) 8) | | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|------------|--|-------------------------|--|------------------------------------|---------------|---------|---|---|---|
| | | | | | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 01/12/2021 | | S ⁽¹⁾ | | 1,568 | D | \$78.27 | 18,432 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D (Instr | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date Amount o Month/Day/Year) Securities Underlyin Derivative | | Amount of Derivative d Securities Security S Junderlying (Instr. 5) B Security (Instr. 8 and 4) F | | derivative Ow Securities For Beneficially Dir Owned or | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | 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 January 9, 2021. The sale does not represent a discretionary trade by the Reporting Person.

| /s/ Michelle Robertson | <u>01/13/2021</u> | | | | |
|----------------------------------|-------------------|--|--|--|--|
| ** 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.