FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 S	ection	BU(n) of the	nve	estmer	nt Co	mpany Act (of 194	.0							
	d Address of	2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Caribou Biosciences, Inc.</u>							1								Direc	ctor		X 10% C)wner	
(Last) (First) (Middle) 2929 7TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 09/13/2017										Officer (give title Other (specific below) below)					
SUITE 105						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person					
BERKELEY CA 94710														Forn	Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	n-Deriva	ative	Secu	rities Ad	cqui	ired,	Dis	posed o	f, or	Ben	efici	ally Owne	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					y/Year) Execu		eemed ution Date, th/Day/Yea	Tr	Transaction Disposed (Code (Instr. 5)			es Acquired (A) o Of (D) (Instr. 3, 4			Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Co	ode	v	Amount	() ()	A) or D)	Price	Transa (Instr. 3				. ,	
Common Stock 09/13/2						2017			S		1,048,846		D	(1)	4,5	545,000			See footnote ⁽²⁾	
	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		I. Fransac Code (II	ction nstr.			Date E piratio onth/D	n Dat					8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													or	ount mber						

Explanation of Responses:

1. The transfer of stock relates to the Exclusive License Agreement, by and among Caribou Biosciences, Inc., The Regents of the University of California, and the University of Vienna, dated April 16, 2013.

(D)

Date Exercisable Expiration

2. This Form 4 is filed on behalf of (i) Caribou Therapeutics Holdco, LLC, the direct holder of the shares, and (ii) Caribou Biosciences, Inc. Caribou Therapeutics Holdco, LLC is a wholly-owned subsidiary of Caribou Biosciences, Inc., and thus Caribou Biosciences, Inc. may be deemed to share voting and dispositive power with respect to the shares held by Caribou Therapeutics Holdco, LLC. Caribou Biosciences, Inc. disclaims beneficial ownership of such shares, except to the extent of its pecuniary interest therein, if any.

/s/ Rachel E. Haurwitz,
President and Chief Executive
Officer of Caribou

of Shares

Title

09/13/2017

Biosciences, Inc.

** 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.