Edgar Filing: LEONARD JOHN M. - Form 4

LEONARD J	OHN M.									
Form 4 May 15, 2018	3									
								OMB APPROVAL		
	UNITEDSI	UNITED STATES SECURITIES AND EXCHANGE COMMISSIC Washington, D.C. 20549						3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STATEME 5. Filed pursu s Section 17(a)	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040								
(Print or Type R	esponses)									
			Issuer Name an nbol ellia Therape		-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mid	(Middle) 3. Date of Earliest Transaction				(Check all applicable)				
	LIA THERAPEUT IE STREET; SUIT	(Month/Day/Year) 05/14/2018			X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO					
				Amendment, Date Original I(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRIDGE, MA 02139 Form filed by More than One Reporting Person										
(City)	(State) (Zi	ip)	Table I - Non-	Derivative S	Securities A	cquired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		Code Year) (Instr. 8		(A) or l of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	05/14/2018		S	V Amount 8,400	(D) Pric D $\begin{pmatrix} 1 \\ 1 \end{pmatrix}$		I	By Trust (2)		
Common Stock						467,352 <u>(3)</u>	D			
Common Stock						58,415	Ι	By Trust (4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control

Edgar Filing: LEONARD JOHN M. - Form 4

number.

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
_			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
LEONARD JOHN M. C/O INTELLIA THERAPEUTICS, IN 40 ERIE STREET; SUITE 130 CAMBRIDGE, MA 02139	C. X		President and CEO					
Signatures								
/s/Graeme Bell, Attorney-In-Fact	05/15/2018							
**Signature of Reporting Person	Date							
Explanation of Respo	nses:							
* TC41 C . C1 11 41	· ·	r ((1/1)	()					

- * 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).
- (1) The shares were sold pursuant to a Rule 10b5-1 trading plan. All shares were sold at \$24.00.
- (2) Shares sold by the John Leonard Defined Benefit Pension Plan and Trust.
- (3) Includes 513 and 431 shares acquired under the Intellia Therapeutics, Inc. 2016 Employee Stock Purchase Plan on June 30, 2017 and December 31, 2017, respectively.
- (4) Shares held by the John M. Leonard 2015 Irrevocable Trust.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.