FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  GORDON CARL L					Inte	2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [ NTLA ]									ationship k all appl Direct	,		erson(s) to Is	
(Last)	`	,	Middle)			05/19/2017												Other (: below)	specify
C/O INTELLIA THERAPEUTICS, INC. 40 ERIE STREET, SUITE 130					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S	tate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (Instr. and 5)					Securit	ecurities eneficially wned			7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amoun	nount (A) or (D)		ce	Report Transa			ur. 4)	(1115tr. 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	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		n of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of De Se (In	Price erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er					
Stock Option (right to buy)	\$14.35	05/18/2017			A		19,000		(1)	05	/17/2027	Common Stock	19,00	0	\$0.00	19,000		D <sup>(2)</sup>	

## Explanation of Responses:

- 1. This option was granted on May 18, 2017 with respect to 19,000 shares of Common Stock and vests in full on the earlier to occur of (a) the first anniversary of the grant date or (b) the date of the next annual meeting of stockholders following the date of grant.
- 2. The Reporting Person is a member of OrbiMed Advisors LLC ("Advisors") and is obligated to transfer any shares issued pursuant to any equity grants made to him by the Issuer, or the economic benefits thereof, to Advisors for the ultimate benefit of OrbiMed Private Investments V, LP and OrbiMed Global Healthcare Master Fund, LP. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of his pecuniary interest therein, if any. This report shall not be deemed an admission that the Reporting Person is a beneficial owner of such securities for the purpose of Section 16 of the Exchange Act, or for any other purpose.

## Remarks:

/s/ Nicole Heifner, attorney-infact 05/19/2017

\*\* 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.