FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check to Sect obligat Instruc | IT OF CHANGES IN BENEFICIAL OWN | | | | | | | | | | | | stimated average burder ours per response: | | en 0.5 | | | | |
|---|---|--------------------------------|-----------------|------------------------------------|--|--|---------|--|--|--------|---|--|---|--|---|--|---|---------------------------------------|---|
| mstruc | aion 1(b). | | | Filed | | | | | | | ies Exchanç mpany Act o | | | 34 | | | | | |
| 1. Name and Address of Reporting Person [*] Bhanji Muna | | | | | | 2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) | (| irst) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2023 | | | | | | | | | Office | Officer (give title below) | | Other (s below) | | |
| C/O INTELLIA THERAPEUTICS, INC. 40 ERIE STREET, SUITE 130 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) CAMBRIDGE MA 02139 | | | | | Form filed by More than One Person | | | | | | | | | | | | • | | |
| (City) | (City) (State) (Zip) | | | | | Check 1 | this bo | x to ind | licate that | a tran | tion Ind saction was aditions of Ru | made p | oursua | | | | vritten pl | lan that is in | tended |
| | | Table | I - No | n-Deriva | tive S | ecur | ities | s Acq | uired, | Dis | posed of | f, or l | Ben | eficia | lly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date | | | Date, | Transaction Dispose Code (Instr. 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 5. Amo Securi Benefi Owneo Follow | ties cially I | | : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) Pri | | Report Transa | Reported Transaction(s) (Instr. 3 and 4) | | | . , |
| Common Stock 07/31/2 | | | | | 023 | | | S ⁽¹⁾ | | 265 | I |) | \$42.3 | 12,261 | | | D | | |
| | | Tal | ole II - | Derivativ (e.g., pu | | | | | | | | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | | Execu if any | eemed tion Date, h/Day/Year) | 4. Transa Code (1 8) | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | d 4) | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly E (| 10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Sha | nber | | | | | |
| Explanation | • | nses: 5 shares on this Form | 4 occurr | ed automatica | ally pursu | uant to | a 10b | 5-1 trac | ling plan a | adopte | ed by the repo | orting p | person | on Mar | ch 8, 2023 | , | | | |

Remarks:

/s/ James Basta, attorney-in-

08/02/2023

** Signature of Reporting Person Date

<u>fact</u>

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.

OMB APPROVAL

OMB Number: 3235-0287 n 0.5