FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasimige | on, D.O. 20040 | |
|-----------|----------------|--|
| | | |
| | | |

| 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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | | | | | | | - | | | | | | |
|---------------------------------------|---|------------------------|-------------------|-------------------|--|------------------|--|-----------------|-------------------------------------|-----------|--------------------|----------------------|---|-----------------------|------------------------|----------------------------|----------------|----------------------|---------------------------|
| Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Goddai</u> | rd Glenn | L | | | 1 **** | CIIIU | | crupe | <u> </u> | <u>c.</u> | <u>. [1111/1</u> | J | | | Directo | or | | 10% O | wner |
| | | | | | - | | | | | | | | | X | | (give title | | Other (| specify |
| (Last) | (| First) | rst) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | below) | | | below) | . |
| C/O INT | ELLIA T | HERAPEUTICS, | INC. | | 09/ | /07/20 |)21 | | | | | | | | EVP | , Chief Fi | nanc | ial Office | · |
| 40 FRIF | STREET | SUITE 130 | | | | | | | | | | | | | | | | | |
| - TO LICIL | OTREET, | , 5011E 150 | | | 4. 1 | f Amer | ıdmer | nt, Date | of Origin | al Fil | ed (Month/D | ay/Year) | 6. | Individ | lual or . | Joint/Group | Filing | g (Check Ap | plicable |
| (Street) | | | | | | | | · | J | | • | , , | Li | ne) | | · | ` | | |
| CAMBR | IDGE I | MA | 02139 | | | | | | | | | | | X | Form f | filed by One | Repo | orting Perso | on |
| Crivibi | IDGE 1 | VII I | 02133 | | | | | | | | | | | | | | e thar | n One Repo | rting |
| (O:+) | | Ot-1-) | (7:-) | | - | | | | | | | | | | Persor | 1 | | | |
| (City) | | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | /ative | Sec | uriti | ies Ac | quirec | l, Di | isposed o | of, or Be | eneficia | lly O | wnec | t | | | |
| 1. Title of | Security (In | str. 3) | | 2. Transac | tion | Execution Date, | | | 3. | | 4. Securitie | s Acquired | (A) or | 5. Amou | | ies Fori | | rm: Direct | 7. Nature |
| | | | | Date (Month/Da | ıy/Year) | | | | Transa Code (I | | Disposed C | Of (D) (Instr | . 3, 4 and | | | | | | of Indirect Beneficial |
| (montain 2 ay) | | | | | | (Month/Day/Year) | | 8) | | | | | Owned Report | | | | | Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | 1 | Transac | rsaction(s) | | l' | (111501.4) |
| | C: 1 | | | 00/07/ | 2021 | - | | | | | 2.402 | 1 . | #145 | | <u> </u> | | | | |
| Common Stock 09/07/20 | | | | 2021 |)21 | | | M | | 3,482 | A | \$14.5 | 4.58 | | ,482 | | D | | |
| Common Stock 09/07/20 | | | 2021 |)21 | | S ⁽¹⁾ | | 3,482 | D | \$180.1 | 30.12(2) | | 0 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Dee | | 4. | | | umber | | | isable and | 7. Title ar | | | rice of | 9. Number | of | 10. | 11. Nature |
| Derivative Security | Conversion or Exercise | | Executi if any | on Date, | Transa Code (| | | | Expiration Dat (Month/Day/Ye | | | Amount of Securities | | | Derivative Security | derivative Securities | | Ownership Form: | of Indirect Beneficial |
| (Instr. 3) Price of (Month/Day/Year) | | | | | 8) | ` Securities | | Underlying | | | ıg | (Instr. 5) | | Beneficially Owned | | Direct (D) or Indirect | Ownership | | |
| | Security | Derivative Security | | | | | Acquired (A) or | | Derivative Secu (Instr. 3 and 4) | | | | ity | | Following | | (I) (Instr. 4) | (Instr. 4) | |
| | | | | | | | | Disposed of (D) | | | | | | | | Reported Transaction(s) | n(s) | | |
| | | | | | | | | tr. 3, 4 | | | | | | | ļ | (Instr. 4) | "(3) | | |
| | | | | ⊢ | | | and 5) | | - | | | | | _ | | | | | |
| | | | | | | | | | | | | | Amount | - [| | | | | |
| | | | | | | | | | B-4 | | F | | Number | 1 | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | of Shares | | | | | | |
| Stock | | | | | | | | | | | | | | | | | | | |
| Option (right to | \$14.58 | 09/07/2021 | | | M | | | 3,482 | (3) | | 12/17/2028 | Common Stock | 3,482 | \$(| 0.00 | 12,451 | | D | |
| (rigiii to | | | 1 | - 1 | | I | 1 | ı I | | | | JUCK | 1 | 1 | | l | | | 1 |

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$180.00 to \$180.50, inclusive. Upon request by the Commission staff, the Company, or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold by the reporting person on September 7, 2021 at each separate price.
- 3. The stock option award was issued pursuant to the Intellia Therapeutics, Inc. Amended and Restated 2015 Stock Option and Incentive Plan and had vested as to 11,833 shares as of September 7, 2021.

Remarks:

<u>James Basta, attorney-in-fact</u>

09/09/2021

** Signature of Reporting Person Dat

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.