

SCHIERMEIER ANDREW
 Form 3
 April 27, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â SCHIERMEIER ANDREW</p> <p>(Last) (First) (Middle)</p> <p>C/O INTELLIA THERAPEUTICS, INC.,Â 40 ERIE STREET, SUITE 130</p> <p>(Street)</p> <p>CAMBRIDGE,Â MAÂ 02139</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/20/2018</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Intellia Therapeutics, Inc. [NTLA]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) See Remarks</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	01/02/2027	Common Stock	150,000	\$ 13.48	D	Â
Stock Option (Right to Buy)	Â (2)	12/11/2027	Common Stock	27,500	\$ 18.295	D	Â
Stock Option (Right to Buy)	Â (3)	01/02/2027	Common Stock	15,000	\$ 13.48	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SCHIERMEIER ANDREW C/O INTELLIA THERAPEUTICS, INC. 40 ERIE STREET, SUITE 130 CAMBRIDGE, MA 02139	Â	Â	Â See Remarks	Â

Signatures

/s/Jose Rivera,
Attorney-In-Fact

04/25/2018

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) This option was granted on January 3, 2017 with respect to 150,000 shares of Common Stock, with 25% vesting on January 3, 2018 and the remaining 75% vesting in 36 substantially equal monthly installments thereafter.
- (2) This option was granted on December 12, 2017 with respect to 27,500 shares of Common Stock, with 25% vesting on December 12, 2018 and the remaining 75% vesting in 36 substantially equal monthly installments thereafter.
- (3) This option is fully vested.

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Remarks:

Title:Â Â ExecutiveÂ ViceÂ President,Â CorporateÂ Strategy
ExhibitÂ 24Â PowerÂ ofÂ AttorneyÂ (filedÂ herewith)

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.