Edgar Filing: SCHIERMEIER ANDREW - Form 3

SCHIERMEIER ANDREW

Form 3 April 27, 2018

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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)

1. Name and Address of Reporting

Person *

 SCHIERMEIER ANDREW

(Last)

(First) (Middle) Statement

(Month/Day/Year)

04/20/2018

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Intellia Therapeutics, Inc. [NTLA]

> 4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O INTELLIA

THERAPEUTICS, INC., 40 ERIE STREET, SUITE 130

(Street)

(Check all applicable)

See Remarks

Director _X__ Officer (give title below) (specify below)

10% Owner Other 6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

CAMBRIDGE, MAÂ 02139

(State)

1. Title of Security

(Instr. 4)

(City)

(Zip)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership 4. Nature of Indirect Beneficial Ownership

Form: (Instr. 5) Direct (D)

or Indirect (I) (Instr. 5)

Table I - Non-Derivative Securities Beneficially Owned

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)

Exercisable

3. Title and Amount of Securities Underlying Derivative Security

4. 5. Conversion Ownership or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Expiration

Date

Title

Amount or Number of Price of Derivative Security: Derivative Security Direct (D)

Edgar Filing: SCHIERMEIER ANDREW - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	(1)	01/02/2027	Common Stock	150,000	\$ 13.48	D	Â
Stock Option (Right to Buy)	(2)	12/11/2027	Common Stock	27,500	\$ 18.295	D	Â
Stock Option (Right to Buy)	(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.	â	â	See Remarks	Â	
40 ERIE STREET, SUITE 130	А	А	A See Remarks	A	
CAMBRIDGE, MA 02139					

Signatures

/s/Jose Rivera,
Attorney-In-Fact

**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.

Â

Remarks:

Title: Executive Vice President, Corporate Strategy Exhibit 24 Power of Attorney (filed 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.

Reporting Owners 2