Edgar Filing: Ramasastry Saira - Form 4

| Ramasastry Form 4 | Saira | | | | | | | | | | |
|--|---|---|--------------------------------------|---|--------------|-----------|----------------------------------|--|----------------------------------|---|--|
| November 2 | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check th if no lon | | | | | | | Expires: | January 31, 2005 | | | |
| subject t Section Form 4 o Form 5 | | SECUI | RITIES | | | ERSHIP OF | Estimated a burden hour response | verage | | | |
| obligatic may con <i>See</i> Instr 1(b). | tinue. Section 17 | (a) of the | Public U | | ding Co | mpan | y Act of | 1935 or Section | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Ramasastry Saira | | | 2 issuer raune und riener or ridding | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| INC., POIN | (First) AMO THERAP IT RICHMOND CANAL BLVD. | | | of Earliest T Day/Year) 2017 | ransaction | | | X Director Officer (give t below) | | Owner r (specify | |
| (Street) 4. If Am | | | | Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| RICHMON | D, CA 94804 | | | | | | | Person | ore than One Re | porung | |
| (City) | (State) | (Zip) | Tab | le I - Non- | Derivative | Secu | rities Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | | ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 11/17/2017 | | | Code V M | Amount 5,000 | (D) A | Price \$ 5.03 | 5,000 | D | | |
| Common Stock | 11/17/2017 | | | S | 5,000 | D | \$ 14.6678 | 0 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. Number or f Derivativ Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5) | e Expiration I (Month/Day | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|---|------------------------------|--|-----------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (Right to Buy) | \$ 5.03 | 11/17/2017 | | М | 5,00 |) <u>(1)</u> | 06/20/2022 | Common Stock | 5,000 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Ramasastry Saira C/O SANGAMO THERAPEUTICS, INC. POINT RICHMOND TECH CTR, 501 CANAL BLVD. RICHMOND, CA 94804 | х | | | | | |
| Signatures | | | | | | |
| Saira Ramasastry, by /s/ Denise Winn, Attorney-in-Fact | 11/21/2017 | | | | | |
| **Signature of Reporting Person | Dat | te | | | | |
| | | | | | | |

Explanation of Responses:

- * 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).
- (1) Option is fully vested and exercisable.

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.