## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: 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

1. Name and Address of Reporting Person* <u>Carey Robert</u>					<u>S</u> A	2. Issuer Name and Ticker or Trading Symbol SANGAMO THERAPEUTICS, INC [ SGMO]									ck all applic	able)	g Pers	Person(s) to Issi 10% Ow	
(Last)	Æ	irst)	(Middle)				,								Officer below)	(give title		Other (s below)	pecify
C/O SANGAMO THERAPEAUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/10/2019															
POINT RICHMOND TECH CTR, 501 CANAL BLVD.				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)	OND C.	A	94804								Line)								
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	n-Deriv	ativ	e Se	curities	s Ac	quired, I	Dis	osed o	f, or B	enefi	cially	Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/l			Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)						es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 06/10				0/2019		A		2,500	2,500 <sup>(1)</sup> A		\$0.00	5,000			D				
		-	Table II - I						uired, Di , option						Owned				
Derivative Conversion Date Execuserity or Exercise (Month/Day/Year) if any		3A. Deemed Execution E if any (Month/Day	Date, Tran Cod		ection Instr.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	or	ount nber ires					
Stock Option (Right to	\$9.38	06/10/2019			A		15,000		(2)	0	6/09/2029	Commor Stock	15,	.000	\$0.00	15,000	)	D	

## **Explanation of Responses:**

- 1. Represents shares of common stock issuable upon settlement of restricted stock units ("RSUs"). The RSUs will fully vest on the earlier of (x) June 10, 2020 (the first anniversary of the date of grant) or (y) the day prior to the 2020 annual stockholders meeting, subject to the Reporting Person's continued service on the Issuer's Board of Directors through such date.
- 2. Each option is immediately exercisable for all option shares, but shares purchased under the option are subject to certain repurchase rights by the Issuer upon cessation of the Reporting Person's service on the Board of the Directors of the Issuer. The shares subject to the option vest in 12 successive equal monthly installments upon the Reporting Person's completion of each month of Board service over the 12-month period measured from the grant date.

## Remarks:

/s/ Denise Winn, Attorney-in-06/12/2019 Fact for Robert F. Carey

\*\* Signature of Reporting Person

Date

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.