FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL												
	OMB Number:			3235-0287									
- 1	1 =												

	Check this box if no longer subject to
ì	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

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

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol SANGAMO THERAPEUTICS, INC SGMO							O (Che	ck all applica	r 10%		on(s) to Issu 10% Ow Other (s	ner			
(Last)	<b>(</b> E	irst)	(Middle)											X	below)	give title		below)	pecity
C/O SANGAMO THERAPEUTICS, INC. POINT RICHMOND TECH CTR., 501 CANAL BLVD				3. Date of Earliest Transaction (Month/Day/Year) 02/25/2019								6 Inc				sel & Sec.	liaabla		
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	OND C.	A	94804								) 		Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)																
		Та	ble I - Non	-Deriva	ative	Se	curities	s Acc	quired,	Dis	posed c	of, or B	Bene	ficially	Owned				
Date			2. Transa Date (Month/D	Execution Date,		, Transaction Dispose Code (Instr.		ities Acquired (A) o d Of (D) (Instr. 3, 4		(A) or 3, 4 and 5	Beneficia Owned Fo	es Formally (D) (Following (I) (I		: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount (A		) or )	Price	Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)	
Common Stock C			02/25	5/2019			A		19,25	19,250 A S		\$0.00	19,250(1)			D			
	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 Dat if any (Month/Day/Yo	Co	ansaction de (Instr. Se Ac or of		Derivative E		6. Date Exercisable Expiration Date (Month/Day/Year)			of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					de V			Date Exercisab		Expiration Date	Title	OI N	mount r umber f Shares		(Instr. 4)				
Stock Option (Right-to-	\$9.03	02/25/2019		A			115,500		(2)	0	2/24/2029	Commo Stock		15,500	\$0.00	115,50	00	D	

## **Explanation of Responses:**

- 1. Represents 19,250 shares subject to restricted stock units granted on February 25, 2019 that will vest in three (3) equal annual installments on each anniversary of the grant date, such that they will be vested in full on the third (3rd) anniversary of the grant date, subject to the Reporting Person's continued service with the Issuer through such date.
- 2. One-quarter (1/4) of the option shares vest and become exercisable upon completion of one (1) year of service by the Reporting Person measured from the February 25, 2019 grant date, and the remainder will vest and become exercisable in equal monthly installments for thirty-six (36) months thereafter, provided that the Reporting Person remains in service with the Issuer through each such monthly vesting date.

## Remarks:

/s/ Denise Winn, Attorney-in-Fact for Heather Turner

02/27/2019

\*\* 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.