FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL						
OMB Number: 3235-02							
Estimated average burden							
hours per response:	0.5						

D

obligations may continue. See Instruction 1(b).						d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							hours	per response:	0.5	
1. Name and Address of Reporting Person* PARKER H STEWART					2. Issuer Name and Ticker or Trading Symbol SANGAMO THERAPEUTICS, INC [SGMO]						ck all applica	able)	Reporting Person(s) to Issuer ole) 10% Owne			
(Last) (First) (Middle) C/O SANGAMO THERAPEUTICS, INC. 7000 MARINA BLVD				3. Date of Earliest Transaction (Month/Day/Year) 02/25/2021						Officer (below)	give title	Other below	(specify			
(Street) BRISBA (City)			94005 (Zip)		4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	n-Deriva	ative Se	ecurities Acq	uired,	Disp	osed of	, or Bene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		, Transaction Dis		4. Securitie	1. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		4 and Securities Beneficially Owned Fol		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
1. Title of S	Security (Inst	tr. 3)		Date	Day/Year)	if any	Code (Disposed (Of (D) (Instr.	3, 4 and	Beneficia Owned Fo	lly ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
1. Title of \$	Security (Inst	rr. 3)		Date	Day/Year)	if any	Code (Disposed ((A) or (D)	3, 4 and	Beneficia	lly ollowing on(s)	(D) or Indirect	Beneficial	
1. Title of \$		tr. 3)		Date		if any	Code (8)	Instr.	Disposed (5)	(A) or (D)	· 	Beneficia Owned Fo Reported Transacti	lly ollowing on(s) nd 4)	(D) or Indirect	Beneficial Ownership	
		,		Date (Month/D	//2021 tive Sec	if any	Code (8) Code A	v Dispo	Amount 8,200 ⁽¹⁾ sed of, (0)	(A) or (D) A or Benefi	Price \$0.00	Beneficia Owned For Reported Transacti (Instr. 3 a	lly ollowing on(s) nd 4)	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

Explanation of Responses:

\$11.19

1. Represents shares of common stock issuable upon settlement of restricted stock units ("RSUs"). The RSUs will fully vest on the first anniversary of the date of grant, subject to the Reporting Person's

Date

Exercisable

(D)

Expiration

02/24/2031

Title

Stock

of (D) (Instr. 3, 4 and 5)

(A)

16,400

- 2. Includes 10,000 shares of common stock issuable upon settlement of RSUs subject to Reporting Person's May 18, 2020 RSU grant that will fully vest on the earlier of (x) May 18, 2021 (the first anniversary of the date of grant) or (y) the day prior to the Issuer's 2021 annual stockholders meeting, subject to the Reporting Person's Continuous Service as defined in the 2018 EIP, as amended, through such dates and subject to acceleration as defined in the 2018 EIP, as amended.
- 3. 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 Continuous Service (as defined in the 2018 EIP, as amended). The shares subject to the option vest in 12 successive equal monthly installments upon the Reporting Person's completion of each month of Continuous Service (as defined in the 2018 EIP, as amended) over the 12-month period measured from the grant date and subject to acceleration as provided in the 2018 EIP, as amended.

Remarks:

Stock Option

Buy)

(Right to

/s/ Matthew Colvin, Attorneyin-Fact for H. Stewart Parker

Amount Number

Shares

16,400

\$0.00

03/01/2021

** Signature of Reporting Person

Date

Transaction(s)

16,400

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).

02/25/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.