FORM 4

obligations may continue. See

Instruction 1(b).

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

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person* Yi Kathy					SA		<u>GAM</u>	and Tid				Symbol <mark>FICS, I</mark>	(Ch	eck all appli Directo Y Officer	all applicable) Director Officer (give title		10% Owner Other (specify				
(Last) (First) (Middle) C/O SANGAMO THERAPEUTICS, INC. POINT RICHMOND TECH CTR, 501 CANAL BLVD. (Street)			AL		Date o		est Tran	sactio	ion (Mo	nth/I	Day/Year)		below)		Finan	below)	er				
				4. If	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						
RICHMO	OND C	A !	94804		,												filed by Mo		n One Repo		
(City)	(S	state)	(Zip)																		
		Tab	le I - No	n-Deriv	ative	Se	curiti	ies Ac	qui	red, I	Dis	posed o	of, o	r Ber	neficial	ly Owned	t				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic	es ially Following	Forn (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership				
									c	Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock			10/15	/2018					M		5,000		A	\$4.5	5 12,250			D			
Common Stock			10/15	5/2018					S ⁽¹⁾		5,000)	D	\$13.9	7,2	7,250(2)		D			
		T										osed of onverti				Owned					
Security or Ex (Instr. 3) Price Deriv	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactic Code (Ins				6. Date Exercisable Expiration Date (Month/Day/Year)				d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title		Amount or Number of Shares						
Stock Option	\$4.55	10/15/2018			M			5,000		(3)	0	2/27/2027		nmon	5,000	\$0.00	160,00	00	D		

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 14, 2017.
- 2. Represents 7,250 shares subject to restricted stock units granted on January 24, 2018 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.
- 3. One-quarter (1/4) of the option shares vested and became exercisable upon completion of one (1) year of service by the Reporting Person measured from February 27, 2017, 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:

Buy)

/s/ Denise Winn, Attorney-in-Fact for Kathy Yi

10/16/2018

** 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.