Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	CTATEMENT OF CHANGES IN DENIETIONAL CHANGES ON THE
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	

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					2. Issuer Name and Ticker or Trading Symbol SANGAMO THERAPEUTICS, INC [ SGMO]										(Ch	eck all appli Directo Y Officer	icable) or r (give title	10% Owner (give title Other (spec		wner
	C/O SANGAMO THERAPEUTICS, INC. POINT RICHMOND TECH CTR, 501 CANA			AL	3. Date of Earliest Transaction (Month/Day/Year) 11/15/2018											SVP	& Chief		below)	
(Street)	RICHMOND CA 94804				4.11	4. If Amendment, Date of Original Filed (Month/Day/Year)										ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)	n Doriv	ativo	Soci	ouriti	ios Ao	auir.	od F	Nic.	ansod o	of 0	r Dor	oficial	ly Owner				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) it	2A. Deemed Execution Date,		3. Transaction Code (Instr.		tion			d (A) or	5. Amou Securiti Benefic	int of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Co	ode	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111511.4)
Common	Stock			11/15	/2018	3			1	M		5,000	0	A	\$4.5	5 12	,250	D		
Common	Stock			11/15	/2018	3			S	S <sup>(1)</sup>		5,000	0	D	\$10	7,2	250 <sup>(2)</sup>		D	
		Т	able II -									sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem 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. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)		Date Exerc	cisable		xpiration ate	Title	- 1	Amount or Number of Shares					
Stock Option	\$4.55	11/15/2018			M			5,000	(	(3)	02	2/27/2027		nmon	5,000	\$0.00	155,00	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

11/16/2018

\*\* 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.