FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| 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* BLUFORD PETER | | | | | | | | | | | | | | | | p of Reporting P olicable) ctor er (give title | | 10% (| ssuer Owner (specify | | |
|---|---|--|--|--|---|---|--|---------------|------------------------------|--|-----------------------|---|-----------------------------|---------------------------------|--|--|--|--|--|--|--|
| (Last) (First) (Middle) C/O SANGAMO BIOSCIENCES IN STE.A-100 POINT RICHMOND TECH CENTER 501 CANA BLVD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2004 | | | | | | | | | y | belov | N) | below Corporate Developme | | v)` | | |
| (Street) RICHMC (City) | | |)4804 Zip) | | 4. If | Line) X F | | | | | | | | | | | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| | | | e I - No | 1 | | _ | | | | l, Di | sposed o | | | | | | | | | | |
| | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, r) if any (Month/Day/Year) | | Transaction D | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5) | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price |) | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common | Stock | | | 02/02/2 | 2004 | | | | S ⁽¹⁾ | | 500 | D | \$5. | 918 | 8 148,791 D | | | | | | |
| Common | Stock | | | | | | | | | | | | | | 400 I | | | | By Trust for Son ⁽²⁾ | | |
| Common | Stock | | | | | | | | | | | | | | 400 | | | | By Trust for Son ⁽²⁾ | | |
| Common | Stock | | | | | | | | | | | | | | 400 I for | | | | By Trust for Daughter ⁽²⁾ | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ate Executio Ionth/Day/Year) if any | | | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (Ir | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | Code V (| | (D) | Date Exercisable | | Expiration Date | Title | or Numbe of Shares | r | | | | | | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on April 22, 2003.
- 2. Reporting Person disclaims beneficial ownership of the shares held by each of his children and this report shall not be deemed to be an admission that Mr. Bluford is the beneficial owner of such securities for purposes of Section 16 or for any other purpose

/s/ Peter Bluford

** Signature of Reporting Person

Date

02/02/2004

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.