## 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

٧	vas	hing	ton,	D.C.	20549	

STATEMENT	OF (	CHANGES	IN RENE	FICΙΔΙ	OWNERS	ΗΙΡ
STATEMENT	OF (	SHANGES		FICIAL	OWNERS	ПІГ

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

of Section 30(f) of the investment company Act of 1940																			
		Reporting Person*	2. Issuer Name and Ticker or Trading Symbol SANGAMO BIOSCIENCES INC [ SGMO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Wolff F	<u>Ienry Wa</u>	<u>rd</u>	3711	SANGAMO BIOSCIENCES INC [ SGMO ]								ctor	10% C	Owner					
(1 aat)	(F	irat	<u> </u>									er (give title w)	Other below)	(specify					
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/08/2011								Exec VP & CFO					
C/O SAN	IGAMO B	IOSCIENCES II	NC.		12/08	/2011													
PT RICH BLVD.,	MOND TE	ECH CNTR, 501	CANAL																
						4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Line)						Filing (Check A	pplicable						
(Street)													X For	n filed by One	Reporting Pers	on			
RICHMOND CA 94804														Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
		Tab	le I - No	n-Deriv	ative S	ecurities Acq	uired,	Dis	posed of	f, o	r Bene	eficia	lly Own	ed					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)				Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount		(A) or (D)	Price	rice Reported Transaction(s) (Instr. 3 and 4)			(IIISU. 4)			
Common	Stock		/2011		A		75,000	(1)	A	\$0.0	00 16	54,453 <sup>(2)</sup>	D						
		T				curities Acqui ls, warrants,							/ Owned						
1. Title of Derivative	2. Conversion	3. Transaction	3A. Deem		4. Transacti			6. Date Exercisable and Expiration Date			7. Title and Amount of			9. Number of derivative	10. Ownership	11. Nature			

## 3. Transaction 7. Title and Transaction Conversion Date **Execution Date** of **Expiration Date** Amount of Derivative or Exercise (Month/Day/Year) Code (Instr. Derivative (Month/Day/Year) Securities Security if any (Month/Dav/Year) Securities

Acquired (A) or Disposed of (D) (Instr. 3, 4

Code V (A) (D) Date Expiration Date Title Shares						and 5	5)					
				Code	v	(A)	(D)		Title	or Number of		

Price of

Derivative

Security

Security (Instr. 3)

- 1. Shares subject to Restricted Stock Units, which will vest 33 1/3% after the completion of two years of service measured from the grant date and the remainder will vest after the completion of one year of service thereafter
- 2. Includes 6,250 shares subject to a restricted stock unit award granted on December 3, 2007 that will be issued as those units vest and 2,000 shares acquired on October 31, 2011 under the Issuer's Employee Stock Purchase Plan.

/s/ Henry Ward Wolff

Underlying

Security (Instr. 3

Derivative

and 4)

12/09/2011

\*\* Signature of Reporting Person

Date

Securities

Owned

Following

Reported Transaction(s) (Instr. 4)

Beneficially

(Instr. 5)

Ownership

Form: Direct (D)

or Indirect (I) (Instr. 4)

Beneficial

Ownership

(Instr. 4)

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).

8)

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.