(City)

(Last)

(State)

(First)

C/O RA CAPITAL MANAGEMENT, LLC

1. Name and Address of Reporting Person^{\star}

20 PARK PLAZA, SUITE 1200

Kolchinsky Peter

(Zip)

(Middle)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

			SECURITIES			hours per	response: 0.5	
			n 16(a) of the Securities Exchange of the Investment Company Act of					
1. Name and Address of Reporting Person* RA CAPITAL MANAGEMENT, LLC	2. Date of Event Requiring Statement (Month/Day/Year) 12/11/2013		3. Issuer Name and Ticker or Trading Symbol SANGAMO BIOSCIENCES INC [SGMO]					
(Last) (First) (Middle) C/O RA CAPITAL MANAGEMENT, LLC			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner		(Mont	5. If Amendment, Date of Original Filed (Month/Day/Year)		
20 PARK PLAZA, SUITE 1200	_		Officer (give title below)	Other (spec below)	, lo. iiiu	cable Line) Form filed by	/Group Filing (Check y One Reporting Person	
(Street) BOSTON MA 02116	_				X	Form filed by Reporting Po	y More than One erson	
(City) (State) (Zip)								
	Table I - N	on-Deriva	ative Securities Beneficia	ally Owned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownershi Form: Direct or Indirect ((Instr. 5)	t (D) (Instr. l		Beneficial Ownership	
Common Stock			4,028,362	D ⁽¹⁾⁽²⁾				
			ve Securities Beneficiall rants, options, convertib		s)			
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise Price of	version Ownership Recreise Form: (Insect (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security			
Call Option (right to buy)	(3)	01/17/2015	Common Stock	2,235,000(4)	7	D ⁽¹⁾⁽²⁾		
Call Option (obligation to sell)	(3)	01/17/2015	Common Stock	2,205,500 ⁽⁵⁾	15	D ⁽¹⁾⁽²⁾		
1. Name and Address of Reporting Person* RA CAPITAL MANAGEMENT, LI	LC							
(Last) (First) (Mic C/O RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200	ddle)							
(Street) BOSTON MA 02:	116							
(City) (State) (Zip)							
1. Name and Address of Reporting Person* RA Capital Healthcare Fund LP								
(Last) (First) (Mid C/O RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200	ddle)							
(Street) BOSTON MA 02:	116							

(Street) BOSTON	MA	02116
(City)	(State)	(Zip)

Explanation of Responses:

- 1. The reported securities are owned by RA Capital Healthcare Fund, L.P. (the "Fund"). RA Capital Management, LLC (the "Adviser") is the general partner of the Fund, and Peter Kolchinsky is the sole manager of the Adviser. The Adviser and Mr. Kolchinsky disclaim beneficial ownership of the reported securities in reliance on Rule 16a-1(a)(1)(v) and (vii), respectively, and therefore disclaim any obligation to report ownership of the reported securities other than on behalf of the Fund. The filing of this Form 3 shall not be construed as an admission that either the Adviser or Mr. Kolchinsky is or was, for purposes of Section 16 of the Securities Exchange Act of 1934 or otherwise, the beneficial owner of any of the securities reported herein.
- 2. This Form 3 is being filed to report the Fund's holdings as of December 11, 2013, the date on which the Fund became the beneficial owner of more than 10% of the issuer's outstanding common stock. This Form 3 reports all equity securities of the issuer beneficially owned by the Fund as of the time the Fund became subject to Section 16.
- 3. These options are exercisable at any time prior to their expiration.
- 4. These options are represented by 22,350 call option contracts, each representing a right to purchase 100 shares of the issuer's common stock at \$7.00 per share.
- 5. These options are represented by 16,550 call option contracts, each representing a right to purchase 100 shares of the issuer's common stock at \$20.00 per share.

/s/ Peter Kolchinsky, Manager

of RA Capital Management, 02/18/2015

LLC

/s/ Peter Kolchinsky, individually 02/18/2015

/s/ Peter Kolchinsky, Manager

of RA Capital Management,

LLC, the General Partner of 02/18/2015

RA Capital Healthcare Fund,

<u>L.P.</u>

** 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 5 (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.