FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Wolchko J Scott					FA1	2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
l	TE THERAI	PEUTICS, INC.;	Middle)			Date of Earliest Transaction (Month/Day/Year) /12/2016								X Office below	r (give title) Presiden	t and	Other (s below) CEO	pecify	
3535 GE	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) SAN DII	EGO CA	A 9	2121											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Tab	le I - N	lon-Deriv	vative \$	Sec	urities	Ac	quired,	Dis	posed o	f, or Be	neficia	Ily Owne	d				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 3 and 5)			Securit Benefic Owned	ies cially	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	Price	Report Transa	Following Reported Transaction(s) (Instr. 3 and 4)		1. 4)	instr. 4)	
Common Stock 01/12/20					2016)16		A		10,956	10,956 ⁽¹⁾ A		00 13	1,979		D			
			Tab	le II - Deri (e.g							osed of, c			Owned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction A. Deemed Execution Date, or Exercise (Month/Day/Year) if any					5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security ty (Instr. 5)	9. Number derivative Securitie Seneficia Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Number of Shares						
Stock option (right to buy)	\$2.7	01/12/2016			A		189,600		(2)		01/11/2026	Common Stock	189,60	0 (3)	189,6	00	D		
Stock option (right to buy)	\$2.7	01/12/2016			A		110,400		(4)		01/11/2026	Common Stock	110,40	0 (3)	110,4	00	D		

Explanation of Responses:

- 1. Represents shares issued pursuant to the Company's 2013 Stock Option and Incentive Plan as a portion of a bonus earned by the reporting person for the fiscal year ended December 31, 2015.
- 2. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning on January 1, 2016 such that this option is fully exercisable on December 1, 2019. This option is subject to accelerated vesting in the event of termination of employment under certain circumstances within three months prior to or 18 months following a change of control of the issuer.
- 3. Not applicable.
- 4. The shares subject to this option shall vest and become exercisable, if at all, in up to three equal installments upon the achievement of certain underlying performance milestones by certain specified dates or will be subject to forfeiture.

Remarks:

/s/ Cindy R. Tahl, as Attorneyin-Fact 01/14/2016

** 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.