FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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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* Flynn Peter D						2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 06/09/2014									X Officer (give title Other (specify below) See remarks								
3535 GENERAL ATOMICS COURT, SUITE 200					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN DIEGO CA 92121															Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) ((Zip)	p)															
1 Title of	Saarriibe (Inc		le I - N	lon-Deriv		_			quired, 1	Disp		of, or				ed	6. Ownership	7. Nature	
1. Title of Security (Instr. 3)				Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year		r, Transactio			sed Of (D		3, 4 Sec Ben Owr		urities eficially ed	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership		
							Code	v	Amou		() or () Pi	rice			(Instr. 4)	(Instr. 4)			
Common Stock				06/09/	5/09/2014				M		1,2	60	A \$	31.63	6,645		D		
Common Stock			06/09/2014				S ⁽¹⁾		1,9	55	D	\$7	4,690		D				
Common Stock			06/10/	0/2014				M		69	9	A \$	61.63	5,389		D			
Common Stock 06				06/10/					S ⁽¹⁾		1,3		D	<u> </u>		4,039	D		
		Ta	able II						uired, Dis , options	•				•	Owned	l			
1. Title of Derivative Security (Instr. 3) 1. Title of Conversion Frice of Derivative Security		3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	4. Transac Code (Ir 8)	nstr. of Deriva		ivative urities juired or posed D)	6. Date Exercisal Expiration Date (Month/Day/Year			Amoun Securit Underly Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co		v			Date Exercisable		oiration te	Title	Amoun or Numbe of Shares						
Stock Option (right to buy)	\$1.63	06/09/2014			M			1,260	(2)	02/	08/2022	Commo Stock	1,26	0	(3)	29,556	D		
Stock Option (right to buy)	\$1.63	06/10/2014			М			699	(2)	02/	08/2022	Commo	699		(3)	28,857	D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 19, 2013.
- 2. The shares subject to this option shall vest and become exercisable at the rate of 1/4th of the shares on May 30, 2012 and 1/48th of the shares each month thereafter such that this option is fully exercisable on May 30, 2015. This option is subject to accelerated vesting upon a change of control of the Issuer and in the event of termination of employment under certain circumstances following a change of control of
- 3. Not applicable.

Remarks:

Senior Vice President, Early Program Development

/s/ Cindy R. Tahl, as Attorney-06/11/2014 in-Fact

** Signature of Reporting Person

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.