FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3 ,	OMB AP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

OIVIB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Dulac Edward J III</u>				FATE THERAPEUTICS INC [FATE]									Ι`	Director			10% Ov	vner			
(Loot)	/5	irot)	(Middle)		3 [Date (of Farliest	Trans	sactio	on (Mont	h/D:	av/Voar)			_ x	Officer (below)	give title		Other (s below)	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2020										Chief Financial Officer					
C/O FATE THERAPEUTICS, INC.																					
3535 GENERAL ATOMICS COURT #200					_								-								
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Eorm fil	od by One	Dono	rting Persor	,	
SAN DII	EGO C	A	92121												^		-		•	I	
															Form filed by More than One Reporti Person				urig		
(City)	(5	state)	(Zip)																		
		Ta	ble I - Non	-Deriv	ativ	e Se	curitie	s Ac	qui	ired, D	isp	osed o	of, or B	ene	ficially	Owned					
1. Title of S	Security (Ins	tr. 3)		2. Trans	saction 2A. Deem					3. 4. Securities				es Acquired (A) o		5. Amour	it of 6.			7. Nature of	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		Date (Month/I	Date (Month/Day/Year)		Execution Date if any		e, Transacti Code (Ins			Dispose	d Of (D) (Instr. 3, 4		3, 4 and 5	Securities Beneficia			orm: Direct D) or Indirect	Indirect Beneficial	
ľ			(Monumbay/Tear)		car	(Month/Day/Yea			8)					Owned F	Owned Following		str. 4)	Ownership			
								Code		Amount	(A	or	Price	Reported Transacti	ion(s)			(Instr. 4)			
									Code		Amount	(D		Price	(Instr. 3 a	nd 4)					
Common stock 08.			08/17	7/2020					A ⁽¹⁾		40,00	00	A	\$0.00	40,000			D			
			Table II - D	Derivat	tive	Sec	urities	Acq	uire	ed, Dis	spo	sed of,	, or Be	nefi	cially C	Owned					
			(e.g., p	uts,	, call	ls, warr	ants	s, op	ptions	, c	onverti	ble se	curit	ties)						
1. Title of	2.	3. Transaction	3A. Deemed	4.	4. Transaction Code (Instr. 8)		tr. Securities Acquired (A)		6. Date Exercisa Expiration Date (Month/Day/Yea						mount	8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date if any (Month/Day/Ye									r)	of Securities Underlying			Derivative Security	derivative Securities		Ownership Form:	nip of Indirect Beneficial	
(Instr. 3)	Price of											,	Derivati	Derivative Securi		(Instr. 5)	Beneficially		/ Direct (D)	Ownership	
Derivative Security							or Disposed of (D) (Instr.						(Instr. 3	and 4	1)		Owned Following	,	or Indirect (I) (Instr. 4)	(Instr. 4)	
	-						3, 4 and 5)										Reporte	i			
								H			1			Ai	mount		(Instr. 4)	0(0)			
								H	Date			piration		N	umber						
				Co	de	V	(A)	(D)	Exe	rcisable	Di	ate	Title	of	Shares						
Stock													Come								
Option (right to buy) \$35.52 08/17/2020			I	A		160,000			(2)	08/1	3/17/2030	Commor Stock		60,000	\$0.00	160,00	00	D			

Explanation of Responses:

- 1. Exempt grant of restricted stock units pursuant to the Issuer's Inducement Equity Plan. The units will vest in four annual installments after the grant date, subject to the Reporting Person's continuous service to the Issuer as of each such vesting date.
- 2. The option shall vest as to 25% of the underlying shares on the first anniversary of the grant date and thereafter on a monthly basis for 36 additional months, subject to the Reporting Person's continuous service to the Issuer as of each such vesting date.

Remarks:

/s/ Cindy R. Tahl, as Attorney-

08/19/2020

in-Fact

** 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.