SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Instruction :	1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 19	934	hours per	response: 0.5			
			or Section 30(h) of the Investment Company Act of 1940						
1. Name and A Wolchko	ddress of Reporting J Scott	J Person [*]	2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]	(Check all X	nship of Reporting F I applicable) Director Officer (give title	Person(s) to Issuer 10% Owner Other (specify			
	(First) THERAPEUTICS IPPS SUMMIT D		3. Date of Earliest Transaction (Month/Day/Year) 01/10/2022		President an	below)			
(Street) SAN DIEGO		92131	4. If Amendment, Date of Original Filed (Month/Day/Year)	4. If Amendment, Date of Original Filed (Month/Day/Year) Line) X Form f Form f Persor					
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	3) 2. Transaction Date (Month/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/10/2022		S ⁽¹⁾		13,161	D	\$46.36 ⁽²⁾	467,107	D	
Common Stock	01/10/2022		S ⁽¹⁾		20,894	D	\$47.17(3)	446,213	D	
Common Stock	01/10/2022		S ⁽¹⁾		101	D	\$47.72	446,112	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

L	(cigi, puts, bails,															
l	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of I		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 (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of 62,500 shares of Common Stock underlying RSUs granted to the reporting person on January 7, 2019. This sale was made pursuant to an irrevocable election by the reporting person to satisfy tax withholding obligations through a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

2. Represents the weighted average sale price of the shares sold ranging from \$45.72 to \$46.70 per share. The Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each price within the ranges set forth in footnotes 2 through 3.

3. Represents the weighted average sale price of the shares sold ranging from \$46.72 to \$47.67 per share.

Remarks:

/s/ Cindy Tahl, Attorney-in-

Fact

01/12/2022

** 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.