FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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|--|--|--|--|------------------------------|--------------------------------------|--|------------------|-----------------------------------|--|--|--------------------|---|--------------------------------|-------------------------|--|---|---|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* <u>Dulac Edward J III</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE] | | | | | | | | | k all applic Directo | nship of Reportin applicable) Director Officer (give title | | son(s) to Iss 10% Ov Other (s | wner | |
| | E THERAI | irst) PEUTICS, INC. IMMIT DRIVE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2021 | | | | | | | | X | below) | | | below) | ,,,,,, | |
| (Street) SAN DIF | EGO C. | A | 92131 (Zip) | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form fi | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | 2. Trans | action 2 E Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | or 5. Amou 4 and Securitie Benefici | | es ally Following | Form (D) o | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | nt (A) or (D) | | ice | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 12 | | | | | 0/2021 | | | | M ⁽¹⁾ | | 14,437 A | | \$ | 35.52 | 126 | 126,381 | | D | | |
| Common Stock 12/20 | | | | 0/202 | /2021 | | S ⁽¹⁾ | | 15,977 | | | \$60 | 110,404 | | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transactio Code (Inst 8) | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | • | of Securities | | [| 3. Price of Derivative Security Instr. 5) | | e O' s Fo illy Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |
| Stock Option (Right to Buy) | \$35.52 | 12/20/2021 | | | M ⁽¹⁾ | | | 14,437 | (2) | | 08/17/2030 | Common Stock | 14,4 | 437 | \$0.00 | 128,23 | 8 | D | | |

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on June 28, 2021.
- 2. The option shall vest as to 25% of the underlying shares on August 17, 2021 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 Tahl, as Attorney-in-

Fact

12/21/2021

** 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.