Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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						2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]									tionship o all applic Directo	etor 10%			Ssuer Owner
	(Last) (First) (Middle) C/O FATE THERAPEUTICS, INC.; 3535 GENERAL ATOMICS COURT #200					3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019								X	below)	(give title Other (below) President and CEO		pecify	
(Street) SAN DII	AN DIEGO CA 92121				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - I	Non-Deri	ivativ	e Sec	urit	ties A	cquire	ed, D	isposed o	of, or B	eneficia	ally (Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	r Indirect	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			05/16/2	2019				M ⁽¹⁾		14,335	Α	\$1.6	3	389,216 D				
Common	Stock			05/16/2	2019				S ⁽¹⁾		2,298	D	\$18.46	34 ⁽²⁾	386	386,918 D			
Common	Stock			05/16/2	2019				S ⁽¹⁾		12,037	D	\$19.54	42 ⁽³⁾	374,881 D				
		-	Table								posed of,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any		4. Transa Code (8)		5. Number on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		y (Ir	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (right to	\$1.63	05/16/2019			M ⁽¹⁾			14,335	(-	4)	02/08/2022	Commo	ⁿ 14,33	5	(5)	0		D	

Explanation of Responses:

- $1. \ This transaction was effected pursuant to a Rule 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ September 20, 2018.$
- 2. Represents the weighted average sale price of the shares sold ranging from \$18.24 to \$19.22 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.
- 3. Represents the weighted average sale price of the shares sold ranging from \$19.24 to \$19.91 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.
- 4. The shares subject to this option became fully vested and exercisable on October 4, 2015.
- 5. Not applicable.

Remarks:

buy)

/s/ Cindy R. Tahl, as Attorneyin-Fact

05/17/2019

** 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.