The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# **FORM D**

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

## **Notice of Exempt Offering of Securities**

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Names	X None	Entity Type
0001434316			X Corporation
Name of Issuer			Limited Partnership
FATE THERAPEUTICS INC			Limited Liability Company
Jurisdiction of Incorporation/C	Organization		
DELAWARE			General Partnership
Year of Incorporation/Organiz	ation		Business Trust
X Over Five Years Ago			Other (Specify)
Within Last Five Years (S	Specify Year)		_
Yet to Be Formed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Tel to be Formed			
2. Principal Place of Busine	ss and Contact Information		
Name of Issuer			
FATE THERAPEUTICS INC			
Street Address 1		Street Address 2	
3535 GENERAL ATOMICS CO	OURT	SUITE 200	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
SAN DIEGO	CALIFORNIA	92121	858.875.1803
3. Related Persons			
Last Name	First Name		Middle Name
Weyer	Christian		
Street Address 1	Street Address 2		
C/O Fate Therapeutics, Inc.	3535 General Atom	ics Court, Suite 200	
City	State/Province/Co	untry	ZIP/PostalCode
San Diego	CALIFORNIA		92121
Relationship: X Executive O	Officer X Director Promoter		
Clarification of Response (if N	lecessary):		
Last Name	First Name		Middle Name
Coughlin	Timothy		
Street Address 1	Street Address 2		
C/O Fate Therapeutics, Inc.	3535 General Atom	ics Court, Suite 200	
City	State/Province/Co	untry	ZIP/PostalCode
San Diego	CALIFORNIA	•	92121
Relationship: Executive O	fficer X Director Promoter		
—Clarification of Response (if N	lecessary):		
Last Name	First Name		Middle Name
Enyedy	Mark		sa.s Harris
Street Address 1	Street Address 2		
C/O Fate Therapeutics, Inc.		ics Court, Suite 200	

City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92121
Relationship: Executive Officer X Direction	ector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Epstein	Robert	
Street Address 1	Street Address 2	
C/O Fate Therapeutics, Inc.	3535 General Atomics Court, Suite 200	
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92121
Relationship: Executive Officer X Direction	ector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Mendlein	John	
Street Address 1	Street Address 2	
C/O Fate Therapeutics, Inc.	3535 General Atomics Court, Suite 200	TIP (P
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92121
Relationship: Executive Officer X Direction	ector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Nashat	Amir	
Street Address 1	Street Address 2	
C/O Fate Therapeutics, Inc.	3535 General Atomics Court, Suite 200	
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92121
Relationship: Executive Officer X Direction	ector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Rastetter	William	
Street Address 1	Street Address 2	
C/O Fate Therapeutics, Inc.	3535 General Atomics Court, Suite 200	
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92121
Relationship: Executive Officer X Direction	ector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Shoemaker	Daniel	
Street Address 1	Street Address 2	
C/O Fate Therapeutics, Inc.	3535 General Atomics Court, Suite 200	
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92121
Relationship: X Executive Officer Direction	ector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Wolchko	J. Scott	
Street Address 1	Street Address 2	

C/O Fate Therapeutics, Inc.	3535 General Atomics Court, Suite 200	
City	State/Province/Country ZIP/PostalCode	
San Diego	CALIFORNIA 92121	
Relationship: X Executive Officer Direct	ctor Promoter	
Clarification of Response (if Necessary):		
Claimed and the Properties (in Proceeding).		
4. Industry Group		
Agriculture	Health Care Retailing	
Banking & Financial Services	X Biotechnology	
Commercial Banking	Restaurants Health Insurance	
Insurance	Technology	
Investing	Hospitals & Physicians Computers	
Investment Banking	Pharmaceuticals Telecommunications	
Pooled Investment Fund	Other Health Care Other Technology	
Is the issuer registered as	Manufacturing Travel	
an investment company under the Investment Company	Real Estate Airlines & Airports	
Act of 1940?	Commercial Lodging & Conventions	
Yes No	Construction Tourism & Travel Services	
Other Banking & Financial Services	REITS & Finance	
Business Services	Residential Other Travel	
Energy	Other	
Coal Mining	Other Real Estate	
Electric Utilities		
Energy Conservation		
Environmental Services		
Oil & Gas		
Other Energy		
5. Issuer Size		
Revenue Range OR	Aggregate Net Asset Value Range	
No Revenues	No Aggregate Net Asset Value	
\$1 - \$1,000,000	<u>\$1 - \$5,000,000</u>	
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000	
Over \$100,000,000	Over \$100,000,000	
X Decline to Disclose	Decline to Disclose	
Not Applicable	Not Applicable	

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

14. Investors					
Clarification of Response (if Necessary):					
Total Remaining to be Sold \$0 USD or Ind	efinite				
Total Amount Sold \$8,000,000 USD					
	efinite				
13. Offering and Sales Amounts					
Check "All States" or check individual States					
State(s) of Solicitation (select all that apply)	non-US				
City		State/Province/Country ZIP/Postal Code			
(Associated) Broker or Dealer X None Street Address 1	•	(Associated) Broker or Dealer CRD Number X None Street Address 2			
Recipient  (Accepted Develop on Declar V. None		Recipient CRD Number X None			
		200 W			
12. Sales Compensation					
Minimum investment accepted from any outside inves	stor \$0 USD				
11. Minimum Investment					
Clarification of Response (if Necessary):					
Is this offering being made in connection with a busine merger, acquisition or exchange offer?	ess combination transact	ion, such as a Yes X No			
10. Business Combination Transaction					
Right to Acquire Security	0	ther (describe)			
Option, Warrant or Other Right to Acquire Another  Security to be Acquired Upon Exercise of Option,   Output  Description:	Warrant or Other	ineral Property Securities			
Debt	H	enant-in-Common Securities			
X Equity	Equity Pooled Investment Fund Interests				
9. Type(s) of Securities Offered (select all that apply					
Does the Issuer intend this offering to last more than o		J			
-	ono voor? Voo VN				
8. Duration of Offering					
X New Notice Date of First Sale 2015-05-07 First Sale 2015-05-07 Amendment	st Sale Yet to Occur				
	at Cala Vat ta Carana				
7. Type of Filing					
_	Section 3(c)(7)				
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)			
X Rule 506(b) Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)			
Rule 505	Section 3(c)(4)	Section 3(c)(12)			
Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)			
Rule 504 (b)(1)(ii)					
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)			
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)			
	Investment Company	y Act Section 3(c)			

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
15. Sales Commissions & Finder's Fees Expenses
Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$0 USD Estimate
Finders' Fees \$0 USD Estimate
Clarification of Response (if Necessary):
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.
\$0 USD Estimate
Clarification of Response (if Necessary):
Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

#### **Terms of Submission**

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
FATE THERAPEUTICS INC	J. SCOTT WOLCHKO	J. SCOTT WOLCHKO	CHIEF FINANCIAL OFFICER	2015-05-18

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.

<sup>\*</sup> This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.