FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANG
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16

**OMB APPROVAL** 3235-0287 GES IN BENEFICIAL OWNERSHIP 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

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 ]									all app Direc	licable) tor		rson(s) to Is	wner
(Last)	`	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/18/2023									X	Officer (give title Other (sp below) below)  Chief Financial Officer				specify
12278 SCRIPPS SUMMIT DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN DIEGO CA 92131														X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													nded to						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed			
Date				Date Exec (Month/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A Of (D) (Instr. 3,		4 and Secu Bene Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/18/2						/2023			S <sup>(1)</sup>		4,718	D \$2		<b>8</b> <sup>(2)</sup>	119,570			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		if any	emed ion Date, /Day/Year)	Code (Instr		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	rities ired r osed ) . 3, 4	Expirati (Month/	Date Expiration		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- $1. \ Required number of shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of 10,000 shares of Common Stock underlying RSUs granted to the account of the properties of the p$ Reporting Person on August 17, 2020. These sales were made pursuant to an irrevocable election by the Reporting Person to satisfy tax withholding obligations through "sell to cover" transactions and do not represent discretionary trades by the Reporting Person.
- 2. Represents the weighted average sale price of the shares sold from \$2.76 to \$2.86 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 this footnote.

## Remarks:

/s/ Cindy Tahl, as Attorney-in-08/21/2023

**Fact** 

\*\* Signature of Reporting Person

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.