SEC For																		
	FORM	UNIT	ED ST/	ATE	s se			ES A ngton, D		EXCHA 0549	NGE	сомм	ISSION	Γ	OMB	APPRO		
Section 16. Form 4 or Form 5 obligations may continue. See					led pur	NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								RSHIP OMB Number: 3235-02 Estimated average burden			3235-0287	
1. Name and Address of Reporting Person [*] COUGHLIN TIMOTHY						2. Issuer Name and Ticker or Trading Symbol <u>FATE THERAPEUTICS INC</u> [FATE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
	(Last) (First) (Middle) C/O FATE THERAPEUTICS, INC.; 12278 SCRIPPS SUMMIT DRIVE				06	3. Date of Earliest Transaction (Month/Day/Year) 06/09/2022								Officer (give title Other (specify below)				
(Street) SAN DIEGO CA 92131					-	Line) X Form fil Form fil								Joint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting				
(City)	(City) (State) (Zip)				-									Person	1			
		Tab	ole I - N	lon-Deri	vativ	e Sec	curities	s Ac	quire	d, Di	isposed o	f, or B	eneficia	lly Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) Common Stock ⁽¹⁾ 06/09/2					Exed) if an	у	ution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)			5. Amount of Securities Beneficially Owned Followin Reported		6. Owner Form: Dir (D) or Ind (I) (Instr.	rect Ind lirect Bei 4) Ow	ct Indirect ect Beneficial	
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				u. 4)	
				06/09/	2022				Α		8,650	Α	\$0.00	9,892		D		
Common Stock													56,390 ⁽²⁾		I	By Coughlin Family Trust u/a DTD 12/07/2006 ⁽³⁾		
		•	Table I								posed of, convertil			/ Owned				
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)		5. Number on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	deriv Secu Bene Own Follo Repo	owing orted saction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	ber				
Stock Option (Right to Buy)	\$23.48	06/09/2022				11,893		(4))	06/09/2032	Commor Stock	¹ 11,893	\$0.00 11,89.		11,893	D		
Explanatio	n of Respons	S65.																

1. Award of restricted stock units that vest in full on the earlier of (i) June 9, 2023 or (ii) the date of the Issuer's 2023 Annual Meeting of Stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors.

2. 56,390 shares were transferred by the Reporting Person to the Coughlin Family Trust u/a DTD 12/07/2006 in 2017.

3. These shares are owned of record by Coughlin Family Trust u/a DTD 12/07/2006 for which the Reporting Person and his spouse Holly Coughlin serve as co-trustees, and the Reporting Person may be deemed to be the beneficial owner of the securities held by the Coughlin Family Trust u/a DTD 12/07/2006.

4. The shares subject to this option shall vest and become exercisable on the earlier of (i) June 9, 2023 or (ii) the date of the Issuer's 2023 Annual Meeting of Stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors.

Remarks:

<u>/s/ Cindy Tahl, as Attorney-in-</u> <u>Fact</u> <u>06/13/2022</u>

** 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.