FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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*  Wolchko J Scott  (Last) (First) (Middle)  C/O FATE THERAPEUTICS, INC.  12278 SCRIPPS SUMMIT DRIVE  (Street)  SAN DIEGO CA 92131						2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]  3. Date of Earliest Transaction (Month/Day/Year) 01/20/2022  4. If Amendment, Date of Original Filed (Month/Day/Year) 01/24/2022								6. li	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     X Officer (give title Other (specify below)     President and CEO      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(City)			(Zip)			Form filed by More than One Reporting Person											rting				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			,	Code (Instr.		4. Securi Disposed 5)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			Benefic	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount (A) or (D) Pri		Price	Transac (Instr. 3	tion(s)			(mati. 4)					
Common Stock 01/20/					)/202	2022			M <sup>(1)</sup>		30,000 A \$		\$2.7	2) 46	1,546		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. Deemed Execution I if any (Month/Day	Date,	Code (Instr.			n of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ate xercisab		expiration Pate	Title	1	Amount or Number of Shares						
Stock Option (Right to Buy)	\$2.7 <sup>(2)</sup>	01/20/2022			M <sup>(1)</sup>			30,000		(3)	0	1/11/2026	Comi		30,000	\$0.00	86,246	(4)	D		
Stock Option (Right to Buy)	\$2.7	01/21/2022			M <sup>(1)</sup>			10,000		(3)	0	1/11/2026	Comi		10,000	\$0.00	76,246 <sup>6</sup>	(4)	D		

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on June 10, 2020.
- 2. Corrected option price.
- 3. This stock option is fully vested.
- 4. Corrected ending balance of this option which includes 36,800 shares that are vested and outstanding pursuant to a second option grant issued on January 12, 2016.

This amended Form 4 corrects the option exercise price and ending balance of the Reporting Person's stock options that were granted on January 12, 2016 at \$2.70 per share. The other transactions that were reported on the Form 4 filed on January 24, 2022 were correct and such line items are not required to be restated in this amendment.

/s/ Cindy Tahl, Attorney-in-02/04/2022 **Fact** 

\*\* 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.