FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-0									
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*						2. Issuer Name and Ticker or Trading Symbol									Relationship of Reporting Person(s) to Issuer     (Check all applicable)							
Flynn Peter D						FATE THERAPEUTICS INC [ FATE ]									Direct	,		10% O	wner			
-						3. Date of Earliest Transaction (Month/Day/Year) 01/05/2015								.	X	r (give title		Other (	specify			
(Last)	(F	irst) (	(Middle)		01/0.	3/20	J13								below	,		below)				
C/O FATE THERAPEUTICS, INC.															See remarks							
3535 GENERAL ATOMICS COURT, SUITE 200						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person								
SAN DIE	EGO C	A 9	92121												Form filed by More than One Reporting Person							
(City)	(5	itate) (	(Zip)																			
		Tab	le I - N	on-Deriv	ative S	Sec	urities	Ac	quired, [	Disp	osed o	of, or B	enef	ficial	ly Owne	d						
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Exe if a	A. Deemed Execution Date, f any Month/Day/Year)		Transaction D Code (Instr. a			curities Acquired osed Of (D) (Instr. 5)			Securit Benefic Owned	ies cially	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	t (A	) or )	Price			(Instr. 4)		(Instr. 4)			
Common Stock 01/05/20					2015	015		A		2,466 <sup>(1)</sup> A		A	<b>\$0</b>	6,505			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)	if any	emed on Date, Day/Year)	4. Transact Code (In 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	or	ount nber res								
Stock Option (right to buy)	\$4.835	01/05/2015			A		70,000		(2)	01	/04/2025	Commor Stock	70,	000	(3)	70,000	Î	D				

## Explanation of Responses:

- 1. Represents shares issued pursuant to the Company's 2013 Stock Option and Incentive Plan as a portion of a bonus earned by the reporting person for the fiscal year ended December 31, 2014.
- 2. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning on February 5, 2015 such that this option is fully exercisable on January 5, 2019.
- 3. Not applicable.

## Remarks:

Senior Vice President, Early Program Development

/s/ Cindy R. Tahl, as Attorneyin-Fact 01/07/2015

\*\* 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.