Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

Check this box if no longer subject	STATEM
to Section 16. Form 4 or Form 5	
obligations may continue. See	

## ENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

Name and Address of Reporting Person*     TAHL CINDY					2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [ FATE ]									Check	all app Direc	,	ng Per	rson(s) to Is 10% O Other (s	wner
l	E THERA	rst) (FPEUTICS, INC.  JMMIT DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/10/2022								X	below		el an	below)	
(Street) SAN DII (City)		ate) (2	2131 Zip)			Line							ine) X	'					
		Table	I - No	on-Deriva	tive :	Secui	rities	Acc	quired	l, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution D			Code (Inst		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securi Benefi		ties For cially (D) d Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Trans		action(s) 3 and 4)			(111301. 4)	
Common Stock 01/10				01/10/2	)22			S <sup>(1)</sup>		7,095	D	\$46.3	37 <sup>(2)</sup>	161,911			D		
Common Stock 01/10/2			01/10/2	022		S <sup>(1)</sup>		643	D	\$47.1	15 <sup>(3)</sup>	<sup>(3)</sup> 161,268			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)	Execu if any	eemed Ition Date, h/Day/Year)	4. Transaction Code (Instr. 8)  5. Numb of Derivativ Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)			vative crities crired r osed ) r. 3, 4	6. Date Expira (Monti	ation D		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rivative curity str. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of 15,000 shares of Common Stock underlying RSUs granted to the reporting person on January 7, 2019. This sale was made pursuant to an irrevocable election by the reporting person to satisfy tax withholding obligations through a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 2. Represents the weighted average sale price of the shares sold ranging from \$45.71 to \$46.65 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 footnotes 2 through 3.
- 3. Represents the weighted average sale price of the shares sold ranging from \$46.97 to \$47.42 per share.

## Remarks:

/s/ Cindy R. Tahl, as Attorney- 01/12/2022

in-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.