FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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

Name and Address of Reporting Person* Wolchko J Scott						2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [FATE]											Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					3. Da	3. Date of Earliest Transaction (Month/Day/Year)										21	Direct	ctor er (give title		10% C	wner (specify		
(Last)	(Fi	01/1	01/18/2016											belov			below)						
C/O FATE THERAPEUTICS, INC.;																		President and CEO					
3535 GENERAL ATOMICS COURT #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 DII	EGO C.	A 9	92121													Form filed by More than One Reporting Person							
(City)	(S	tate) (Zip)																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Dispo			Securities Acquired (posed Of (D) (Instr. : i 5)			3, 4 Secur Benef Owne		icially d	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amour		(A) or (D)	Price	e R	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common Stock 01/18/2										M		3,79	98	A		.37 1		35,777		D			
Common Stock 01/18/2					2016	016				M		3,70	02 A		\$1.	.63	139,479			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	on Date,	4. Transac Code (Ir 8)		ion Number			Date Exer kpiration E lonth/Day/	Amount of		nt of ties lying tive ty (Ins		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Co		Code	v	(A)	(D)		ate cercisable	Expiration Date		Title	or Nu of	mber									
Stock Option (right to buy)	\$1.37	01/18/2016			M			3,798		(1)	07/	23/2022	Comm Stock		,798	(2)		2,570		D			
Stock Option (right to buy)	\$1.63	01/18/2016			M			3,702		(3)	02/	08/2022	Comm Stock		,702	(2)		27,935		D			

Explanation of Responses:

- 1. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning on August 3, 2012 such that this option is fully exercisable on July 3, 2016. This option is subject to accelerated vesting upon a change of control of the Issuer and in the event of termination of employment under certain circumstances following a change of control of the Issuer.
- 2. Not applicable
- 3. The shares subject to this option became fully vested and exercisable on May 30, 2015.

Remarks:

/s/ Cindy R. Tahl, as Attorneyin-Fact 01/20/2016

** 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.