Edgar Filing: Wolchko J Scott - Form 4

Wolchko J S Form 4	Scott										
March 22, 2	019										
FORM	Λ4								OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington			NGE CO	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 o Form 5		SECU	RITIES		ERSHIP OF	Expires: January 31, 2005 Estimated average burden hours per response 0.5					
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Wolchko J Scott								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O FATE THERAPEUTICS, INC.;, 3535 GENERAL ATOMICS COURT #200			3. Date of Earliest Transaction					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President and CEO			
				nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEG	O, CA 92121							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea		n Date, if	3. Transactic Code (Instr. 8)		ed of ((D)	 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock	03/21/2019			M <u>(1)</u>	20,000	А	\$ 1.63	394,881	D		
Common Stock	03/21/2019			S <u>(1)</u>	20,000	D	\$ 17.608 (2)	374,881	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

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 Date, if any (Month/Day/Year)	4. 5. Number of Transaction Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities (Instr. 3 and 4) 5	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.63	03/21/2019		M <u>(1)</u>	20,000	(3)	02/08/2022	Common Stock	20,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Wolchko J Scott C/O FATE THERAPEUTICS, INC.; 3535 GENERAL ATOMICS COURT #200 SAN DIEGO, CA 92121) X		President and CEO				
Signatures							
/s/ Cindy R. Tahl, as Attorney-in-Fact	03/22/2019)					
**Signature of Reporting Person	Date						
E							

Explanation of Responses:

- * 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).
- (1) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 20, 2018.
- Represents the weighted average sale price of the shares sold ranging from \$17.27 to \$17.88 per share. The Reporting Person will(2) 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.
- (3) The shares subject to this option became fully vested and exercisable on May 30, 2015.
- (4) Not applicable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.