FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per respons	se: 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* <u>Bolzon Bradley J PhD</u>					2. Issuer Name and Ticker or Trading Symbol  CRISPR Therapeutics AG [ CRSP ]						(Che	elationship o eck all application	,	erson(s) to Iss 10% O	
	SPR THER	irst)	(Middle)										(give title	Other (below)	·
(Street)	IN STREET	Γ 	02139	4.						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
(City)		state)	(Zip)									Person		ап Опе керо	ung
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Transaction te onth/Day/	Day/Year) Execution Date, if any (Month/Day/Year)		ar) 3. Transact Code (In 8)	4. Secu Dispose 5)	curities Acquired (A) osed Of (D) (Instr. 3, 4)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Table II - De (e.					quired, Dis s, options				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	version Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)	Code	sansaction ode (Instr. Derivative Securities 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 Securities Underlying Derivativ Security (Instr. 3 and 4)		Derivative tive Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$59.7	06/11/2020		A		15,000		(1)	06/11/2030	Common Shares	15,000(2)	\$0.00	15,000 <sup>(2)</sup>	I	See footnote <sup>(2)</sup>

## **Explanation of Responses:**

- 1. This option was granted on June 11, 2020 with respect to 15,000 Common Shares with 100% of the shares vesting in 12 equal monthly installments beginning on June 30, 2020; provided that the last installment will vest on the earlier of (i) the one year anniversary of the date of grant or (ii) the date of the 2021 Annual General Meeting of Shareholders.
- 2. The Reporting Person is a managing member of Versant Venture Management, LLC and pursuant to agreement with Versant Venture Management, LLC, the Reporting Person is deemed to hold these securities for the benefit of Versant Venture Management, LLC. Accordingly, Versant Venture Management, LLC may be deemed to be the indirect beneficial owner of these securities, and the Reporting Person may be deemed to indirectly beneficially own the securities through his interest in Versant Venture Management, LLC. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

## Remarks:

/s/ Michael Esposito, attorney-

06/15/2020

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.