

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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>Vertex Pharmaceuticals (Europe) Ltd</u> <hr/> (Last) (First) (Middle) 2 KINGDOM ST., 9TH FLOOR <hr/> (Street) LONDON X0 W2 6BD <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/20/2018	3. Issuer Name and Ticker or Trading Symbol <u>CRISPR Therapeutics AG [ CRSP ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	5,250,000 <sup>(1)</sup>	D <sup>(1)</sup>	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Vertex Pharmaceuticals (Europe) Ltd</u> <hr/> (Last) (First) (Middle) 2 KINGDOM ST., 9TH FLOOR <hr/> (Street) LONDON X0 W2 6BD <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>VERTEX PHARMACEUTICALS INC / MA</u> <hr/> (Last) (First) (Middle) 50 NORTHERN AVENUE <hr/> (Street) BOSTON MA 02210 <hr/> (City) (State) (Zip)		
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**Explanation of Responses:**

1. Shares are directly held by Vertex Pharmaceuticals (Europe) Limited ("Vertex Europe"). Vertex Europe is an indirect wholly owned subsidiary of Vertex Pharmaceuticals Inc. Vertex Pharmaceuticals Inc. may be deemed to beneficially own the shares owned directly by Vertex Europe.

**Remarks:**

/s/ Ian F. Smith, on behalf of  
Vertex Pharmaceuticals 12/21/2018  
(Europe) Limited

/s/ Ian F. Smith, on behalf of  
Vertex Pharmaceuticals Inc. 12/21/2018

\*\* 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 5 (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.**