FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Hadley Harbor Master Investors	2. Date of Event Requiring Statement (Month/Day/Year) 10/18/2016 3. Issuer Name and Ticker or Trading Symbol CRISPR Therapeutics AG [CRSP]									
(Last) (First) (Middle) C/O WELLINGTON MANAGEMENT			4. Relationship of Reporting Person (Check all applicable) Director X	()	(Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)				
COMPANY LLP 280 CONGRESS STREET			Officer (give title below)		6. In Appl	ndividual or Joint/Group Filing (Check plicable Line) X Form filed by One Reporting Person				
(Street) BOSTON MA 02210						Form filed by Reporting Pe	y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
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 Securiti Underlying Derivative Security		4. Conversion or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)				
Series B Convertible Preferred Shares	(1)	(1)	Common Shares	744,380	(1)	D				

Explanation of Responses:

 $1.\ The\ Series\ B\ Convertible\ Preferred\ Shares\ are\ convertible\ into\ CRISPR\ Therapeutics\ AG\ common\ shares\ on\ a\ one-for-one\ basis\ and\ have\ no\ expiration\ date.$

Hadley Harbor Master
Investors (Cayman) L.P. By:
Wellington Alternative
Investments LLC, as General
Partner, /s/Matthew N. Shea,
Title: Authorized Person

10/18/2016

** 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 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.