SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APP	ROVAL
OMB Number:	3235-028

Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person [*] <u>EMSTER KURT VON</u>			2. Issuer Name and Ticker or Trading Symbol <u>CRISPR Therapeutics AG</u> [CRSP]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer 10% Owner	
C/O CRISPR THERAPEUTICS, INC.		(<i>'</i> ,	3. Date of Earliest Transaction (Month/Day/Year) 01/05/2018		Officer (give title below)	Other (specify below)	
610 MAIN STR (Street) CAMBRIDGE	MA	02139	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (Form filed by One Report Form filed by More than C Person	ing Person	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date Execution Date, (Month/Day/Year) if any		Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Shares	01/05/2018		Р		65,934	A	\$22.75	1,887,202	Ι	See Footnote ⁽¹⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(371	,	,		,	• *			,				
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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amouri Securi Underi Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. 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				

Explanation of Responses:

1. Shares are held by Abingworth Bioequities Master Fund Limited ("ABE"). Abingworth LLP is the investment manager of ABE and has been delegated with all investment and dispositive power over the securities held by ABE. The Reporting Person is a member of the investment committee of Abingworth LLP, which approves investment and voting decisions by a majority vote, and no individual member has the sole control or voting power over the shares held by ABE. From time to time, the investment committee unvestment and voting duoting ubvirity over certain securities held by ABE. The Reporting Person and oversight of the investment committee, including any limits on such authority imposed by the investment committee in its discretion and the right of the investment committee, including any limits on such authority imposed by the investment committee, in the Reporting Person disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest therein, if any.

/s/ John Heard, as attorney-in-

<u>01/11/2018</u>

** Signature of Reporting Person Date

<u>fact</u>

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.