

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

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

1. Name and Address of Reporting Person* <u>Vertex Pharmaceuticals (Europe) Ltd</u> (Last) (First) (Middle) <u>2 KINGDOM ST., 9TH FLOOR</u> (Street) <u>LONDON X0 W2 6BD</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>CRISPR Therapeutics AG [CRSP]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/26/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Shares	12/26/2018		P		12,737 ⁽¹⁾	A	\$24.8942 ⁽²⁾	5,353,479 ⁽¹⁾	D	
Common Shares	12/27/2018		P		27,461 ⁽¹⁾	A	\$24.9487 ⁽³⁾	5,380,940 ⁽¹⁾	D	

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. Transaction Code (Instr. 8)		5. Number of 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 Derivative Security (Instr. 3 and 4)	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					

1. Name and Address of Reporting Person* <u>Vertex Pharmaceuticals (Europe) Ltd</u> (Last) (First) (Middle) <u>2 KINGDOM ST., 9TH FLOOR</u> (Street) <u>LONDON X0 W2 6BD</u> (City) (State) (Zip)		
---	--	--

1. Name and Address of Reporting Person*

VERTEX PHARMACEUTICALS INC / MA

(Last) (First) (Middle)
50 NORTHERN AVENUE

(Street)
BOSTON MA 02210

(City) (State) (Zip)

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.
2. Represents the weighted average price. These shares were purchased in multiple transactions at prices ranging from \$24.69 and \$25.00.
3. Represents the weighted average price. These shares were purchased in multiple transactions at prices ranging from \$24.85 and \$25.00.

Remarks:

/s/ Ian F. Smith, on behalf of
Vertex Pharmaceuticals 12/28/2018
(Europe) Limited

/s/ Ian F. Smith, on behalf of
Vertex Pharmaceuticals Inc. 12/28/2018

** 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 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.