FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

1. Name and Address of Reporting Person*

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

2. Issuer Name **and** Ticker or Trading Symbol

<u>CRISPR Therapeutics AG</u> [CRSP]

GLAXOSMITHKLINE PLC						CRIS	<u>SPR</u>	<u>Therape</u>	<u>eutics</u>	<u>AG</u>	[CRSP]	J		(Cite	Director	ŕ	X	10% O	wner	
(Last) 980 GRE	(F EAT WEST	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/24/2016									Officer (give title Other (specification) below)						
(Street) BRENTFORD, MIDDLESEX, X0 TW8 9GS				S		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	?)	State)	(Zip)																	
		7	Гable I - N	lon-De	eriva	tive \$	Secu	ırities Ac	quire	d, Di	sposed	of, or Be	enefic	ially	Owned					
D				Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securiti Disposed	es Acquired Of (D) (Insti	d 5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) oi (D)	Price	e	Reported Transaction (Instr. 3 and			(nstr. 4)	
Common Shares					10/24/2016				С		2,942,50	60 A	(3)	2,942,560		I e		see xplanation of esponses ⁽²⁾	
Common Shares				10/2	10/24/2016						211,56	7 A	(3)	3,154,127		I		See explanation of esponses ⁽²⁾	
Common Shares 10				10/2	10/24/2016						66,500) A	\$1	4(1)	3,220,627		I		see explanation of esponses ⁽²⁾	
			Table II								posed of convert				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	ate, Transaction				6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title an Securities Derivative (Instr. 3 a	S Underly Securit nd 4)	ying ty	8. Price of Derivative Security (Instr. 5)		tive ties cially I ing ted action(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoui Numbe Shares	er of	(Instr		1)			
Series A-3 Preferred Shares	(3)	10/24/2016			С			2,942,560	(3)		(4)	Common Shares	2,942	2,560	\$0		0	I	See explanation of	

Explanation of Responses:

(3)

1. On October 24, 2016, S.R. One, Limited ("S.R. One") acquired 66,500 common shares of the Issuer ("Common Shares") at a price of \$14.00 per share in connection with the Issuer's initial public offering.

211.567

2. The shares reported herein are held of record by S.R. One, Limited, an indirect, wholly-owned subsidiary of GlaxoSmithKline plc (the "Reporting Person").

C

3. On October 24, 2016, the Series A-3 Preferred Shares and the Series B Preferred Shares converted automatically into Common Shares on a one-for-one basis, upon closing of the Issuer's initial public offering

(3)

4. Not applicable.

Preferred

Shares

/s/ Simon Dingemans

Common

(4)

10/26/2016

0

explanation

responses⁽²⁾

T

** Signature of Reporting Person

211,567

\$0

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).

10/24/2016

** 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.