FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden

0.5

hours per response:

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

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

Name and Address of Reporting Person* Bruno Julianne						2. Issuer Name and Ticker or Trading Symbol CRISPR Therapeutics AG [CRSP]										eck all applic Directo	cable) or	g Pers	10% Ov	vner
(Last) (First) (Middle) C/O CRISPR THERAPEUTICS					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024										below)	cer (give title ow) Chief Operat		Other (s below) Officer	specify	
105 WEST FIRST STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BOSTON MA 02127					Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to															d to
		Tab	lo I. No	n Doriv	rative	satis	sfy the a	ffirmative	e def	ense co	nditio	ns of Rule	10b5-1(d	c). See	Instruction	on 10.				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amou Securiti Benefici Owned I	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									-	Code	v	Amount	(A (E	A) or O)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Shares 06/20/						2024			M		7,000	0 A (1)		10	10,111		D			
Common Shares 06/21/					/2024	2024				S		3,366	(2)	D	\$56.0	9 6,	6,745		D	
Common Shares																7,	7,088		I I	The Julianne Bruno 2022 GRAT
		Т	able II -									osed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of E		Exp	6. Date Exercis. Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisab		Expiration Date	Title		Amount or Number of Shares					
Restricted Stock	(1)	06/20/2024			M			7,000		(3)		(3)	Comm		7,000	(1)	0		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of CRSP Common Shares.
- 2. Amount reported represents the number of shares required to be sold by the reporting person to cover the tax withholding obligation in connection with the vesting of these restricted stock units. This sale is mandated by the Company's RSU Settlement Policy to fund the tax withholding obligation and does not represent a discretionary trade by the reporting person.
- 3. This restricted stock unit award was granted on December 14, 2021 with respect to 7,000 Common Shares, with 100% of the shares vesting on June 20, 2024

/s/ Elizabeth Ryland Waldinger, 06/24/2024 attorney-in-fact

** 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.