## FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to exist, the officeative ald force to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

#### 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

l	nd Address of Jerome C	2. Issuer Name and Ticker or Trading Symbol FATE THERAPEUTICS INC [ FATE ]										able)	Perso	10% Ov Other (s	vner			
(Last) C/O FAT	(F E THERAI	3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025									below) below)  See Remarks							
12278 SO	CRIPPS SU	MMIT DRIVE	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street) SAN DIEGO CA 92131					4. II Amendinent, Date of Original Flied (Month/Day/Year)							Line)						
(City) (State) (Zip)																		
		Та	ble I - Non-	-Deriva	ative S	ecuritie	s Acc	quired, l	Disp	osed c	of, or Be	enefic	cially	Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/I						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Dispose	rities Acquired (A) od Of (D) (Instr. 3, 4				s Form lly (D) o ollowing (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		Amount (A)		or P	rice	Transacti (Instr. 3 a	on(s)			(			
Common	Stock <sup>(1)</sup>	01/15	5/2025			A		65,000 A		\	\$ <mark>0</mark>	335,203			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 Dat if any (Month/Day/Ye	Co	nsaction de (Instr.	Derivative Securities Acquired or Dispo of (D) (In	Derivative Ex		. Date Exercisal xpiration Date Month/Day/Year		of Securi Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	s Illy	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Co	de V	(A)		Date Exercisable		xpiration ate	Title	Amo or Num of Sh			(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$1.32	01/15/2025		Α		250,000		(2)	0	1/14/2035	Common Stock	250	,000	\$0	250,00	00	D	

#### **Explanation of Responses:**

- 1. Award of restricted stock units that vest with respect to 1/4th of the underlying shares on each of January 8, 2026, January 8, 2027, January 8, 2028 and January 8, 2029, subject to the Reporting Person's continued service with the Issuer as of each such vesting date.
- 2. The shares subject to this option shall vest in 36 equal monthly installments following January 1, 2025, such that all of the shares shall be fully vested and exercisable on January 1, 2028, subject to the Reporting Person's continued service with the Issuer as of each such vesting date

## Remarks:

Chief Regulatory and Quality Officer

/s/ Cindy Tahl, as Attorney-in-

Fact

\*\* Signature of Reporting Person

01/16/2025

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.