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

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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruct	tion 10.																				
Name and Address of Reporting Person* Kulkarni Samarth					2. Issuer Name and Ticker or Trading Symbol CRISPR Therapeutics AG [CRSP]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kuikaiiii Sainaiui						, ,										Direc			10% Ov	- 1	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							<u> </u>	Office below	r (give title Other (sper below)		specify					
C/O CRISPR THERAPEUTICS					12/24/2024										(Officer					
105 WEST FIRST STREET																					
						If Amendment, Date of Original Filed (Month/Day/Year)									6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)										Ū		•	,		Line	<u></u>		_ `			
BOSTO	N M	I A	02127												1		,		orting Person orting Repor	- 1	
-					-											Perso		e mai	i One Repoi	ung	
(City)	(S	tate)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
,			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or 3, 4 and	nnd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Ì	Code	v	Amount	(A) or (D) Pri		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Shares			12/2	4/202	4				M		13,75	1 .	4	\$16.2	195,291			D			
Common Shares															8:	85,622		I	The Kulkarni 2023 GRAT		
			Table II -													Owned			<u>'</u>		
				(e.g.,	puts,	call	s, wa	arrants	s, c	option	s, c	onvertil	ole se	cur	ities)						
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security Security 2. Title of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Date, Transaction					E>	Date Exe xpiration Month/Day	Date	of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security 4)	8. Price of Derivative Security (Instr. 5)		e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)		ate xercisabl		Expiration Date	Title	1	Amount or Number of Shares						
Stock Option (Right to Buy)	\$16.21	12/24/2024			M			13,751		(1)	0	05/03/2027	Commo Share		13,751	\$0	0		D		

Explanation of Responses:

1. This option was granted on May 3, 2017 with respect to 100,000 Common Shares with 100% of the shares vesting in 48 equal monthly installments beginning May 31, 2017.

/s/ Elizabeth Ryland Waldinger, 12/27/2024 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.