FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20	549
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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

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

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Name and Address of Reporting Person* BIOGEN INC.				<u>SA</u>	2. Issuer Name and Ticker or Trading Symbol SANGAMO THERAPEUTICS, INC [SGMO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 225 BINNEY ST.					3. Date of Earliest Transaction (Month/Day/Year) 12/23/2021									below			below)	
(Street) CAMBRIDGE MA 02142			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting							
(City)	(S	tate) (Z	Zip)								Person							
			I - Non-Deriva				Ac		d, D	1								
Date		2. Transaction Date (Month/Day/	- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) o tr. 3, 4 a	r and 5)	5. Amount of Securities Beneficially Owned Following Reported		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		Turingan		ction(s)			(3 4)
Common Stock		12/23/20)21				S		81,187	D	\$8.5	547 ⁽¹⁾	24,155,830		I		By Biogen MA Inc.	
Common Stock		12/27/20)21						600	D	\$8	3.56	24,1	24,155,230		I	By Biogen MA Inc.	
		Tal	ole II - Derivati							posed of, convertib				Owned	d			
1. Title of Derivative Security (Instr. 3)	f 2. 3. Transaction Date Execution Date, Or Exercise (Month/Day/Year) if any Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. P Der Sec (Ins	rice of varive derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exerc	cisable	Expiration e Date	Title	Amou or Numb of Share	er					
	nd Address o	f Reporting Person*																
(Last) 225 BIN	NEY ST.	(First)	(Middle)															
(Street)	IDGE	MA	02142															
(City)		(State)	(Zip)															
Name and Address of Reporting Person* Biogen MA Inc.																		
(Last) 225 BIN	NEY ST.	(First)	(Middle)															
(Street)					-													

MA

(State)

02142

(Zip)

CAMBRIDGE

(City)

^{1.} The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.50 to \$8.65, inclusive. The reporting person undertakes to provide to Sangamo Therapeutics, Inc., any security holder of Sangamo Therapeutics, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

2. Shares are owned indirectly by Biogen Inc. and directly by its wholly-owned subsidiary Biogen MA Inc.

Remarks:

BIOGEN INC. By: /s/ Michael Dambach, Vice 12/28/2021

President and Treasurer

BIOGEN MA INC. By: /s/

Michael Dambach, Vice

12/28/2021

President and Treasurer

** 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.