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 t	ourden									

0.5

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

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

					_		. ,							_						
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol bluebird bio, Inc. [ BLUE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WENTWORTH KORY JAMES						oracona oro, me. [ DEOE ]										Direc	ctor	10%	Owner	
					-	oto of	Forling	t Trono	action (A	1onth	/Day/Voor)			$\dashv$	X	Offic	er (give title w)	Othe belo	er (specify w)	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019									Pri	Principal Accounting Office		cer	
C/O BLUEBIRD BIO, INC.					02/	02/20/2019											ncipui i icc	ounting on	cci	
60 BINNEY STREET																				
OU DINNET STREET					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)						and the state of original rines (month buy) really									Line)					
CAMBR	IDCE N	1A (	02142												X Form filed by One Reporting Person					
CAMBR	IDGE N	IA (	JZ14Z													Forn	n filed by Mor	re than One Re	eporting	
,					1											Pers	on			
(City)	(5	State) (	Zip)																	
		Tab	le I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, o	r Ber	nefici	ally	Owne	ed			
1. Title of S	ecurity (In:	tr. 3)		2. Transa	ction					3. 4. Securities Acquired (A) of							ount of	6. Ownership	7. Nature	
				Date (Month/D	av/Yea	ay/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed C		Of (D) (Instr. 3, 4			Benef Owne			Form: Direct (D) or Indirect	of Indirect Beneficial		
				(	uy/ Tou								d Following			(I) (Instr. 4)	Ownership			
								l	0-4-	\		(A)		or Price		Repor Transa	action(s)		(Instr. 4)	
									Code	V	Amount		(A) or (D)	Price		(Instr. 3 and 4)				
Common Stock 02/28/2					2019			S		51(1)		D	\$151	l. <b>71</b>	6,695		D			
		T:	ا ـ اا عاط	Derivati	ive S	AC111	ritiae	Λcan	ired D	ien	osed of,	or F	Rene	ficiall	v Ov	wned				
		16									onvertib				y Ov	viicu				
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mber	6. Date E	Exerci	sable and	7. 1	Title and		8. Pr	ice of	9. Number o	f 10.	11. Nature	
Derivative	Conversion	Date	Execution				tion of		Expiration Date Amour			nount of			vative	derivative	Ownership			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da		Code ( 8)	ınstr.	r. Derivative Securities		(Month/I	Dayire	ear)		Securities Underlying		Security (Instr. 5)		Securities Beneficially	Form: Direct (D)	Beneficial Ownership	
Derivative				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Acquired		Derivative				- [ '		Owned	or Indirec				
Security						(A) or Disposed			Security (Instr. and 4)					nsu. 3			Following Reported	(I) (Instr. 4	'	
							of (D) (Instr. 3, 4 and 5)										Transaction(s)	(s)		
														(111511.4)						
											nount	1								
											or									
									Date		Expiration		Nu   of	ımber						
					Code	V	(A)	(D)	Exercisa	able	Date	Titl	le Si	ares				- 1		

## **Explanation of Responses:**

1. The shares reported as sold herein were originally acquired under the bluebird bio, Inc. employee stock purchase plan on January 31, 2019.

## Remarks:

/s/ Jason F. Cole, Attorney-in-03/04/2019

**Fact** 

\*\* Signature of Reporting Person

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.