FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i a a 4 a a	D C	20540
Vashington,	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).

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* Vachon Mark					2. Issuer Name and Ticker or Trading Symbol bluebird bio, Inc. [BLUE]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
					- 3. D	Date of Earliest Transaction (Month/Day/Year)										give title		Other (s	·	
(Last)	(1	First)	(Middle)		06/3	06/16/2023								below)			below)			
C/O BLUEBIRD BIO, INC.					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
455 GRAND UNION BOULEVARD															Line)					
(Ctroot)														'	X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)	VILLE N	ΛA	02145			Person														
	· · · · · · · · · · · · · · · · · · ·		02110		- Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(5	State)	(Zip)			Trais 2000 2(0) Traisaction materials														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ed to		
					<u> </u>	_														
		Tab	le I - No	n-Deriv	ative	Se	curities	s Ac	quired,	Dis	oosed o	of, or E	Bene	eficial	ly Owned	<u>'</u>				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date			, Transaction Dispose Code (Instr. 5)		ities Acq d Of (D) (Benefici Owned F	es For ally (D) Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	ount (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 06/16/2				5/2023				A		10,79	00 A \$		\$0.00	25,	25,041		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., p	outs, c	call	s, warra	ants	, option	s, c	onverti	ble se	curi	ities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Date,	Code (Ins				6. Date Exercisable Expiration Date (Month/Day/Year)			le and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (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)	Date Exercisab		xpiration ate	Title	O N O	lumber						
Stock Option (right to	\$3.81	06/16/2023			A		21,600		(2)	0	6/16/2033	Commo Stock		1,600	\$0.00	21,600)	D		

Explanation of Responses:

- $1. These \ restricted \ stock \ units for \ common \ stock \ vest \ 100\% \ on \ the \ earlier \ of \ June \ 16, 2024 \ or \ the \ date \ of \ the \ next \ annual \ meeting \ of \ stockholders.$
- 2. This option vests 100% on the earlier of June 16, 2024 or the date of the next annual meeting of stockholders.

Remarks:

/s/ Mark Vachon

** Signature of Reporting Person

06/20/2023

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.