

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

| OMB APPROVAL                                     |
|--|
| OMB Number: 3235-0076                            |
| Expires: June 30, 2012                           |
| Estimated Average burden hours per response: 4.0 |

| 4 1 1 1 1 1 11  |   |                          |
|---|---|--------------------------|
| 1. Issuer's Identity  |   |                          |
| CIK (Filer ID Number)   | Previous Name(s) None   | Entity Type              |
| 0001293971  |   |                          |
| Name of Issuer  | =   | C Limited Partnership    |
| bluebird bio, Inc.  |   |                          |
| Jurisdiction of   | diction of  |                          |
| DELAWARE  | corporation/Organization General Partnership  |                          |
| Year of Incorporation/Organia   | <br>zation  | Business Trust           |
| Over Five Years Ago   |   | Other                    |
| C Within Last Five Years (Specify Year) C Yet to Be Formed  |   |                          |
| 2. Principal Place of Bu  | usiness and Contact Inform  | nation                   |
| Name of Issuer  |   |                          |
| bluebird bio, Inc.  |   |                          |
| Street Address 1  | Street Address 2  |                          |
| 840 MEMORIAL DR 3RD FL  |   |                          |
| City  | State/Province/Country ZIP/Postal C   | code Phone No. of Issuer |
| CAMBRIDGE   | MASSACHUSETTS 02139   | 617-491-5601             |
| 3. Related Persons  |   |                          |
| Last Name   | First Name  | Middle Name              |
|   |   |                          |
| Leschly   | Nick  |                          |
| Leschly Street Address 1  | Nick Street Address 2   |                          |
|   | Street Address 2  |                          |
| Street Address 1  | Street Address 2  | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo   | Street Address 2  |                          |
| Street Address 1  840 Memorial Drive, 3rd Flo City  | Street Address 2  or  State/Province/Country  | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo City  Cambridge   | Street Address 2  or  State/Province/Country  | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo  City  Cambridge  | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  Director                           | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo  City  Cambridge  Relationship: Exec  | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  Director                           | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo  City  Cambridge  Relationship: Exec  | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  Director                           | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo City  Cambridge  Relationship:  | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  Director                           | ZIP/Postal Code          |
| Street Address 1  840 Memorial Drive, 3rd Flo City  Cambridge  Relationship:  | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  Director  sary)                    | ZIP/Postal Code    02139 |
| Street Address 1  840 Memorial Drive, 3rd Flo  City  Cambridge  Relationship: Exec  Clarification of Response (if Necess                                      | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  Director  sary)                    | ZIP/Postal Code    02139 |
| Street Address 1  840 Memorial Drive, 3rd Flo City  Cambridge  Relationship: Exec  Clarification of Response (if Necess  Last Name                            | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  First Name  Axel  Street Address 2 | ZIP/Postal Code    02139 |
| Street Address 1  840 Memorial Drive, 3rd Flo  City  Cambridge  Relationship: Exec  Clarification of Response (if Necess  Last Name  Polack  Street Address 1 | Street Address 2  or  State/Province/Country  MASSACHUSETTS  cutive Officer  First Name  Axel  Street Address 2 | ZIP/Postal Code    02139 |

|                                       | <u>.                                    </u> |                           |
|---------------------------------------|--|---------------------------|
| Relationship:                         | tive Officer Director                        | Promoter                  |
| Clarification of Response (if Necessa | ry)  |                           |
|                                       |  |                           |
|                                       |  |                           |
| Last Name                             | First Name                                   | Middle Name               |
| Gillis                                | Steven                                       |                           |
| Street Address 1                      | Street Address                               | s 2                       |
| 840 Memorial Drive, 3rd Floo          | r  |                           |
| City                                  | State/Province/Country                       | ZIP/Postal Code           |
| Cambridge                             | MASSACHUSETTS                                | 02139                     |
|                                       |  |                           |
| Relationship: Execu                   | tive Officer Director                        | Promoter                  |
| Clarification of Response (if Necessa | ry)  |                           |
|                                       |  |                           |
|                                       |  |                           |
| Last Name                             | First Name                                   | Middle Name               |
| Mulder                                | Geert-Jan                                    |                           |
| Street Address 1                      | Street Address                               | ===<br>s 2                |
| 840 Memorial Drive, 3rd Floo          | r  |                           |
| City                                  | State/Province/Country                       | ZIP/Postal Code           |
| Cambridge                             | MASSACHUSETTS                                | 02139                     |
|                                       |  |                           |
| Relationship: Execu                   | tive Officer                                 | Promoter                  |
| Clarification of Response (if Necessa | ry)  |                           |
|                                       |  |                           |
|                                       |  |                           |
| Last Name                             | First Name                                   | Middle Name               |
| Tepper                                | Robert                                       |                           |
| Street Address 1                      | Street Address                               | ===1<br>s 2               |
| 840 Memorial Drive, 3rd Floo          |  |                           |
| City                                  | State/Province/Country                       | ZIP/Postal Code           |
| Cambridge                             | MASSACHUSETTS                                | 02139                     |
|                                       | 4 L  |                           |
| Relationship:                         | tive Officer                                 | Promoter                  |
| Clarification of Response (if Necessa | iry)   |                           |
| - Transferred (ii Neededa             | •      |                           |
|                                       |  |                           |
|                                       |  |                           |
|                                       |  |                           |
| 4. Industry Group                     |  |                           |
| C Agriculture                         | Health Care                                  | C Retailing               |
| Banking & Financial Services          |  | 0.00                      |
|                                       | 76461  | ☐ Restaurants             |
| C Commercial Banking                  | C Health Insurance C Hospitals & Physicians  | C Restaurants  Technology |

|       | C Investing C Investment Banking Pooled Investment Fund Other Banking & Financial Services Business Services Energy C Coal Mining Electric Utilities Energy Conservation Environmental Services Oil & Gas Other Energy | C Pharmaceuticals C Other Health Care  Manufacturing Real Estate C Commercial C Construction C REITS & Finance C Residential C Other Real Estate | C Computers C Telecommunications C Other Technology  Travel C Airlines & Airports C Lodging & Conventions C Tourism & Travel Services C Other Travel C Other |
|-------|--|--|--|
| 5     | Issuer Size  |  |  |
|       | venue Range  | Aggregate No   | et Asset Value Range   |
| 0.220 | No Revenues  | 2000   | egate Net Asset Value  |
| 0     | \$1 - \$1,000,000  | C \$1 - \$5,00   | 00,000   |
| O     | \$1,000,001 - \$5,000,000  | C \$5,000,00   | 1 - \$25,000,000   |
| 0     | \$5,000,001 - \$25,000,000   | C \$25,000,0   | 01 - \$50,000,000  |
| 020   | \$25,000,001 - \$100,000,000   | 100  | 01 - \$100,000,000   |
| -     | Over \$100,000,000   | Over \$100   |  |
| 1020  | Decline to Disclose  |  | o Disclose   |
| U)    | Not Applicable   | C Not App  | licable  |
| 6.    | Federal Exemption(s) a  Rule 504(b)(1) (not (i), (ii) or (iii))  Rule 504 (b)(1)(i)  Rule 504 (b)(1)(ii)  Rule 504 (b)(1)(iii)   | Rule 505 Rule 506 Securities Act Section   |  |
| 7.    | Type of Filing   |  |  |
| V     | New Notice Date of First Sale  | 2011-04-15   | First Sale Yet to Occur  |
|       | Amendment  |  |  |
| 8.    | Duration of Offering   |  |  |
| Doe   | es the Issuer intend this offering to I  | ast more than one year?  | © Yes C No   |
| 9.    | Type(s) of Securities C  | ffered (select all tha   | t apply)   |
| П     | Pooled Investment Fund Interests   | Equity   |  |
| П     | Tenant-in-Common Securities  | Debt   |  |
| П     | Mineral Property Securities  | Option, Warrant or Other Ri  | ight to  |
|       | Security to be Acquired Upon<br>Exercise of Option, Warrant or<br>Other Right to Acquire<br>Security   | Acquire Another Security Other (describe)  |  |
| 10    | <ol><li>Business Combinatior</li></ol>   | Transaction  |  |

Is this offering being made in connection with a business

| combination transaction, such as a merger, acqui exchange offer?   | sition or C Yes © No   |
|--|--|
| Clarification of Response (if Necessary)   |  |
| 11. Minimum Investment   |  |
| Minimum investment accepted from any outside investor  | \$ 0 USD   |
| 12. Sales Compensation   |  |
| Recipient  | Recipient CRD Number  None   |
| (Associated) Broker or Dealer  None  | (Associated) Broker or Dealer CRD Number None  |
| Street Address 1   | Street Address 2   |
| City   | State/Province/Country ZIP/Postal Code   |
| State(s) of Solicitation   | ☐ All States   |
|  |  |
|  |  |
| 13. Offering and Sales Amounts   |  |
| Total Offering Amount \$ 30000000  | USD Indefinite   |
| Total Amount Sold \$ 15000000  | USD  |
| Total Remaining to be \$ Sold  | USD Indefinite   |
| Clarification of Response (if Necessary)   |  |
|  |  |
| 14. Investors  |  |
| Select if securities in the offering have be who do not qualify as accredited investor Number of such non-accredited investor the offering  Regardless of whether securities in the offering | rs, rs who already have invested in offering have been or may be                                   |
| sold to persons who do not qualify as acc<br>total number of investors who already ha  | credited investors, enter the  |
| 15. Sales Commissions & Finde  | rs' Fees Expenses  |
| Provide separately the amounts of sales commissi expenditure is not known, provide an estimate an  | ions and finders' fees expenses, if any. If the amount of an aid check the box next to the amount. |
| Sales Commissions \$   | USD Estimate   |
| Finders' Fees \$   | USD Estimate   |
| Clarification of Response (if Necessary)   |  |
|  |  |

16. Use of Proceeds

| response to Item 3 above. If the amount is unknown amount. | wn, provide an estimate and | check the box | next to the     |
|--|-----------------------------|---------------|-----------------|
| \$   | 0                           | USD           | <b>Estimate</b> |
| Clarification of Response (if Necessary)                   |                             |               |                 |

payments to any of the persons required to be named as executive officers, directors or promoters in

## Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## **Terms of Submission**

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
  described and undertaking to furnish them, upon written request, the information furnished to
  offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer                | Signature        | Name of Signer | Title     | Date       |
|-----------------------|------------------|----------------|-----------|------------|
| bluebird bio,<br>Inc. | /s/ Nick Leschly | Nick Leschly   | President | 2011-04-27 |