## FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Walsh Jeffrey T.  (Last) (First) (Middle)  C/O BLUEBIRD BIO, INC.  150 SECOND STREET					<u>bl</u> ı	2. Issuer Name and Ticker or Trading Symbol bluebird bio, Inc. [ BLUE ]  3. Date of Earliest Transaction (Month/Day/Year) 04/10/2017  5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title X below) Chief Financial / and Strategy Officer														
(Street) CAMBR (City)			02141 (Zip)		_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tab	le I - I	Non-Deri	vative	e Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	enefic	ially	Owned	t				
		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5) Securit Benefic Owned		ies ially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Common Stock 04/10/20:			017				M		1,250	A	\$5.5	004	28	3,555		D			
Common Stock 04/10/20			017				S <sup>(1)</sup>		1,250	D	\$87.38	B02 <sup>(2)</sup>	02 <sup>(2)</sup> 27,305		D					
		1	able								sposed of , converti				wned		,	·		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Date Execu			ransaction Code (Instr.		umber vative urities uired or posed D) tr. 3, 4	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	oer						
Stock Option (right to	\$5.5004	04/10/2017			M			1,250	(3)		01/16/2023	Commo	n 1,25	50	\$0.00	90,635		D		

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 23, 2016.
- 2. The range of prices for the transaction reported on this line was \$87.90. The average weighted price was \$87.3802. The reporting person will provide, upon request by the SEC, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. This option to purchase shares of our common stock granted on January 16, 2013 with performance-based vesting criteria that were met as of January 1, 2013. The shares underlying these options vested as follows: 25% vested on January 1, 2014, with the remainder of the shares vesting in equal monthly installments over the following three years.

## Remarks:

/s/ Jason F. Cole, Attorney-in-04/12/2017 **Fact** 

\*\* Signature of Reporting Person

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.