FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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

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* <u>Leschly Nick</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol bluebird bio, Inc. [BLUE]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
			٦	Tuco.	<del>11 0 10</del> ,		L DECE				X Dire	ctor		10% Ow	ner		
(Last) (First) (Middle)			3.	Date of Earliest Transaction (Month/Day/Year)					$\dashv$		Officer (give title below)		Other (specifically below)	pecify			
C/O BLUEBIRD BIO, INC.			06	06/24/2013						President and CEO							
840 MEMORIAL DRIVE, 4TH FLOOR			L														
				— <b> </b> 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)  CAMBR	IDGE M	IΑ	02139									X For	•	•	rting Person		
				-							Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			•	Execution Date,		Code (Instr.		ed (A) or str. 3, 4 an	5. Amount of Securities Beneficially Owned Follo		Form	r Indirect E str. 4)	7. Nature of ndirect Beneficial Dwnership Instr. 4)				
							Code V	Amount	(A) o	r Price	Trans	Transaction(s) (Instr. 3 and 4)			1150.4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion   Date   Execution D   if any   if any   (Month/Day/Year)   (Month/Day/Year)   if any   if a		Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivati Securiti Benefic Owned Followii Reporte	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share	s	(Instr. 4)				
Stock Option (right to buy)	\$5.5	06/24/2013		A		153,825		(1)	01/16/2023	Common Stock	153,82	5 \$0.00	480,	702	D		

## Explanation of Responses:

1. This option vests as follows: (i) 211,509 shares vest at a rate of twenty-five percent (25%) on January 1, 2014 and in 36 equal monthly installments thereafter; (ii) 33,649 shares vest at a rate of twenty-five percent (25%) on April 1, 2014 and in 36 equal monthly installments thereafter; (iii) 81,719 shares vest at a rate of twenty-five percent (25%) on May 1, 2014 and in 36 equal monthly installments thereafter; and (iv) 153,825 shares vest at a rate of twenty-five (25%) on June 24, 2014 and in 36 equal monthly installments thereafter.

## Remarks:

/s/ Linda C. Bain, Attorney in

Fact

\*\* Signature of Reporting Person

Date

06/26/2013

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.