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 burden									

0.5

hours per response:

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

					UI	Section	1 30(11) (oi tile	iiivesi	unent	Company	ACI	01 1940							
1. Name and Address of Reporting Person* Davidson David						2. Issuer Name and Ticker or Trading Symbol bluebird bio, Inc. [BLUE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Daviuse	<u> Mayru</u>															Direc		10% C	-	
,					-										X	belo	er (give title w)	Otner below	(specify	
(Last)	(Fi	rst) (Middle	e)				t Iran:	sactio	n (Mor	nth/Day/Y	ear)					Chief Medi	ical Officer		
C/O BLUEBIRD BIO, INC.			107	07/07/2017											Omer med	icur Officer				
60 BINNI	EY STREE	T																		
,					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line)					
CAMBRIDGE MA 02142		1											X	Form filed by One Reporting Person						
		,													Form filed by More than One Reporting Person			orting		
(0:1.)	(0)		- . \													Pers	ion			
(City)	(St	tate) (Zip)																	
		Tabl	e I -	Non-Deriv	ativ	e Sec	uritie	s Ac	quir	ed, C	ispose	d o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			Execution Date,		e, T	3. Transaction Code (Instr. 8)						d 5) Sed Bed Ow		Amount of curities neficially ned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							[Code	v	Amount		(A) or (D)	Price		Trans	action(s) . 3 and 4)		(Instr. 4)		
Common :	Stock			07/07/20	17				S ⁽¹⁾		1,100		D	\$100.4	297 ⁽²⁾		16,077	D		
Common Stock			07/07/2017					S ⁽¹⁾		100		D	\$101	1.1		15,977	D			
		Та	ıble I	I - Derivat (e.g., pı												vned				
				(e.g., pt	JIS, 1	calls,	waiic	ants,	Opt	10115,	COLIVE	TUD	16 260	Juilles	')					
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	Exec if any			action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	ration	ercisable and Date y/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
														Amount or	1					
I		1	1			1			1		1		1	Number	1		I		ı	

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 12, 2016.

Code V

2. The range of prices for the transaction reported on this line was \$100.05 to \$100.60. The average weighted price was \$100.4297. 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.

(D)

Date Exercisable

Remarks:

/s/Jason F. Cole, Attorney-in-

of Shares

Title

_

Fact

Expiration

** Signature of Reporting Person

Date

07/11/2017

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.