FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Name and Address of Reporting Person* Davidson David							2. Issuer Name and Ticker or Trading Symbol bluebird bio, Inc. [BLUE]								ionship of Reporting all applicable) Director Officer (give title		g Person(s) to Issue 10% Own Other (spe		vner	
(Last) (First) (Middle) C/O BLUEBIRD BIO, INC. 60 BINNEY STREET						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2017									Chief Medical Officer					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
CAMBRIDGE MA 02142															Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)						Pi										Person				
		Tak	ole I -	Non-Der	ivativ	e Sec	curit	ies A	cquir	ed, C	Disposed o	of, or E	Benefi	cially	Owned					
				2. Transact Date (Month/Day	.	2A. Deemed Execution Date ar) if any (Month/Day/Ye		Date,	3. Transa Code (8)				.cquired (A) or D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price						(Instr. 4)	
Common	09/01/2	09/01/2017				M		12,000	A	\$5.5	5004	27	7,977		D					
Common Stock					1/2017				S ⁽¹⁾		2,300	D	\$126.	162(2)	25	25,677		D		
Common Stock 09/01/20					017	.7			S ⁽¹⁾		700	D	\$12	126.6		24,977		D		
Common Stock 09/01/20					017	7			S ⁽¹⁾		9,000	D	\$130.0	\$130.0124 ⁽³⁾		15,977		D		
		•	Table								sposed of s, converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (8)				Expi (Mor	ate Exe ration I nth/Day		of Sec Under Deriva	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Price of crivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Nun of Sha	ber						
Stock Option (right to	\$5.5004	09/01/2017			M	М		12,000		(4)	01/16/2023	Comm		000	\$0.00	91,151	1	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 12, 2016.
- 2. The range of prices for the transaction reported on this line was \$125.60 to \$126.45. The average weighted price was \$126.1620. 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. The range of prices for the transaction reported on this line was \$130.00 to \$130.20. The average weighted price was \$130.0124. 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.
- 4. This option vests over a four year period, at a rate of twenty-five percent (25%) on May 1, 2014 and in 36 equal monthly installments thereafter.

Remarks:

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

09/06/2017

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.