FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response:	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

					or S	Section	on 30	(h) of th	e Invest	ment (Company Act	of 1940							
1. Name and Address of Reporting Person* BAYER AKTIENGESELLSCHAFT				2. Issuer Name and Ticker or Trading Symbol CRISPR Therapeutics AG [CRSP]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/05/2018									Officer (give title Other (specify below) below)					
KAISER WILHEM ALLEE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A											ck Applicable			
(Street) LEVERKUSEN 2M 51368 (City) (State) (Zip)											Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City)	(51				<u> </u>	_						, ,		<u> </u>					
Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			ear)	2A. Deemed Execution Date,		3. Transa Code (I 8)	ction	4. Securities	ies Acquired (A) o Of (D) (Instr. 3, 4			_		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price			ction(s)				
Common	Common Shares 01/05/20		01/05/201	.8	3			Р		527,472	A	\$22.	.75	5,632	,632,802		I	By subsidiary ⁽¹⁾	
Common Shares														75,945		I		By subsidiary ⁽²⁾	
		Та	ble	II - Derivat							posed of, convertib				Owned				
Derivative Conversion Date Exercise (Month/Day/Year) if		Exe if a	A. Deemed 4. xecution Date, Tr		4. Transaction Code (Instr.		5. Numb of Derivativ Securitie Acquiree (A) or Dispose of (D) (Instr. 3, and 5)	6. Date Exe Expiration (Month/Day		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ally ng d tion(s)	10. Ownersi Form: Direct (I or Indir (I) (Instr 4)	Beneficial Ownership ect (Instr. 4)	
					Cod	e ,	v	(A) (D	Date) Exer	cisabl	Expiration e Date	Title	Amou or Numb of Share	er					
		f Reporting Person		<u>IAFT</u>															
(Last) KAISER	WILHEM A	(First)		(Middle)															
(Street)	KUSEN	2M		51368															
(City)		(State)		(Zip)															

Name and Address of Reporting Person* Bayer Global Investments B.V.									
(Last) (First) (Middle) ENERGIEWEG 1, 3641 RT									
(Street) MIJDRECHT	P7								
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. Represents purchase by Bayer Global Investments B.V. ("Bayer BV"). Bayer BV is the Direct Owner of 5,632,802 common shares of CRISPR Therapeutics AG ("CRISR"). This Form 4 is a joint filing of Bayer BV and Bayer AG. Bayer AG is the 100% Indirect Owner through subsidiaries of the same shares as to which Bayer BV is the Direct Owner.
- 2. Reflects shares of CRISR received by a subsidiary of Bayer AG as a pro rata distribution from a limited partnership. Bayer AG is the 100% Indirect Owner through subsidiaries of such shares.

Remarks:

/s/ Bayer Aktiengesellschaft by Oliver Rittgen
/s/ Bayer Aktiengesellschaft by Martina Voelkel
/s/ Bayer Global Investments
B.V. by Cyprianus Hermanus
Alphonsus

** Signature of Reporting Person

g Person Date

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.