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

1. Name and Address of Reporting Person* Zoth Lota S.					Spa	2. Issuer Name and Ticker or Trading Symbol Spark Therapeutics, Inc. [ONCE]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/30/2018								below)		bel	Other (specify below)			
3737 MARKET STREET, SUITE 1300					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PHILADELPHIA PA 19104															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	tate) (Zip)																	
		Tab	le I - N	on-Deriv	ative S	Sec	uritie	s Acq	uired, C	isp	osed of	f, or Be	neficial	ly Owned	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed Coand 5)					5. Amou Securiti Benefic Owned Followi	es ially	6. Ownershi Form: Direc D) or ndirect (I) Instr. 4)	t of I Ber Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o	r Price	Reported Transaction(s) (Instr. 3 and 4)			(111.5	, msu. 4)		
Common Stock 05/31/						018		M		1,500) A	(1)	1,	1,500						
			Table	e II - Deriv (e.g.					uired, Dis					wned						
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed Execution Date, y or Exercise (Month/Day/Year) if any		on Date,	Code (In	ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date Amount (Month/Day/Year) Securiti Underly Derivati			7. Title ar Amount of Securities Underlyin Derivative Security (and 4)	of s ng	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins 4)	ship o B (D) O rect (I	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
												Amount or								
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Number of Shares							
Stock Option (right to buy)	\$81.53	05/30/2018			Code	v	(A) 4,000	(D)		e D		Title Common Stock	of	\$0	4,000	D				
Option (right to	\$81.53	05/30/2018				v		(D)	Exercisabl	e D	ate	Common	of Shares	\$0 \$0	4,000	D				

Explanation of Responses:

- 1. Each restricted stock unit converted into one share of Spark Therapeutics, Inc. common stock.
- 2. 100% of the shares vest on the one-year anniversary of the grant date.
- 3. Each restricted stock unit represents a contingent right to receive one share of Spark Therapeutics, Inc. common stock.
- 4. 100% of the restricted stock units vest on the one-year anniversary of the grant date. Vested shares will be delivered to the reporting person on the vesting date.
- 5. On May 31, 2017, the reporting person was granted 1,500 restricted stock units that vest on the one-year anniversary of the grant date. Vested shares are delivered to the reporting person on the vesting date.

Remarks:

/s/ Joseph W. La Barge, attorney-in-fact for Lota Zoth

05/31/2018

** Signature of Reporting 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.