FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

<b>STATEMENT</b>	OF	<b>CHA</b>	NGES

OMB APPROVAL S IN BENEFICIAL OWNERSHIP

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).

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*     Gaspar Bobby				Section 30(ii) of the investment Company Act of 1940      Issuer Name and Ticker or Trading Symbol     Orchard Therapeutics plc [ ORTX ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner  Office (Size title Check Case title Check					Owner		
	(Fir CHARD TH INON STR	IERAPEUTICS	Middle) PLC		3. Date of Earliest Transaction (Month/Day/Year) 01/08/2021						X	X Officer (give title below) Other (spe below)  Chief Executive Officer						
(Street)			C4N 6	SEU	4. If <i>F</i>	Amend	ment, Date	of Origin	al File	ed (Month/Da <u>r</u>	y/Year)		6. Inc Line)	Form	filed by Or filed by Mo filed by Mo	ne Rep	orting Per	son
(City)	(Sta		Zip)	n Doriva	tivo S	200111	ritios Ao	nuirod	Dic	nocod of	or Po	nofi	oiall	v Own	od.			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. 4 Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A)	) or 5. Amount of		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Pric	:e	Transac (Instr. 3	tion(s)			(Instr. 4)
Ordinary Shares <sup>(1)</sup> 01/0		01/08/2	021			A		6,250(2)	A	\$0	0.00	354	1,569		D			
Ordinary	Ordinary Shares <sup>(1)</sup>		01/11/2	01/11/2021					3,411(3)	D	\$6	<b>.</b> 72	2 351,158			D		
Ordinary	Shares <sup>(1)</sup>													2,	000		т	By Reporting Person's Child
Ordinary Shares <sup>(1)</sup>												2,	000		,	By Reporting Person's Child		
		Tal	ble II -					-		osed of, c			-	Owne	d			
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  If any (Month/Day/Year)  Securities Acquired (A) or Disposed of (D)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  Control of the Amoun Securit Underly Derivati Securit 3 and 4		of es ing ve v (Inst	Di Si (II	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)						
					Code	v	(A) (D)	Date Exerci	sable	Expiration Date	N O	lumbe	er					

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 2. On January 16, 2019, the Reporting Person was granted certain performance-based Restricted Share Units ("RSUs"), the vesting of which was subject to the achievement of certain performance criteria. As of the transaction date, the first of three performance criteria was met, resulting in the vesting of 6,250 RSUs.
- 3. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the settlement of RSUs and does not represent a sale by the Reporting Person.

## Remarks:

/s/ Bobby Gaspar 01/12/2021

\*\* 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.