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

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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* Ares Trading S.A.						2. Issuer Name and Ticker or Trading Symbol PRECIGEN, INC. [PGEN]									k all app Direc	tor	ng Pe X	10% O	Owner	
	RUE DE L'OURIETTE 151					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021									Office belov	er (give title		Other (below)	specify	
ZONE INDUSTRIELLE DE L'OURIETTAZ (Street) AUBONNE V8 1170				AZ	4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (2	Zip)																	
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	sposed of	, or E	Benefi	cially	Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution			on Date, Transac Code (Ir			Acquired (A) or f (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) o (D)	Pric	е	Transa	ction(s) 3 and 4)							
Common Stock 05/18/20									S ⁽¹⁾		134,043	D	\$6.	8528	25,8	877,092		D		
Common Stock 05/19/20)21					121,500	D	\$6	.499	25,7	,755,592		D		
		Та	ble II								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ition Date, h/Day/Year)		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Co		Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amour or Number of Shares	er								
Explanation	n of Respon	ses:																		

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Ares Trading, S.A. on April 29, 2021.

Remarks:

This Form 4 is being filed by each of the following persons (together, the Reporting Persons): Ares Trading SA, the direct beneficial owner of the shares, Merck Serono SA, Aubonne, Switzerland, an affiliate of Merck KGaA, Darmstadt, Germany, an indirect beneficial owner of the shares. Ares Trading SA is a dominantly controlled subsidiary of Merck Serono SA, Aubonne, Switzerland, an affiliate of Merck KGaA, Darmstadt, Germany. Merck Serono SA, Aubonne, Switzerland is a wholly owned I indirect subsidiary of Merck KGaA, Darmstadt, Germany. Merck KGaA, Darmstadt, Germany is a publicly traded company (Frankfurt Stock Exchange, DAX 30) and the beneficiary of the two companies

> /s/ Cedric Hyde, Authorized Signatory of Merck Serono 05/20/2021 /s/ Florence Jolidon, **Authorized Signatory of** 05/20/2021 Merck Serono SA /s/ Cedric Hyde, Authorized 05/20/2021 Signatory of Ares Trading SA /s/ Tearaboth Te, Authorized 05/20/2021 Signatory of Ares Trading SA /s/ Andreas Stickler, Authorized Signatory of 05/20/2021 Merck KGaA /s/ Tobias Greven, Authorized 05/20/2021 Signatory of Merck KGaA ** 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.