1. Name and Address of Reporting Person
   JOHNSON DAVID LEE
   C/O GLOBAL BLOOD THERAPEUTICS, INC.
   181 OYSTER POINT BLVD.
   SOUTH SAN FRANCISCO, CA 94080

2. Issuer Name and Ticker or Trading Symbol
   Global Blood Therapeutics, Inc. [GBT]

3. Date of Earliest Transaction (Month/Day/Year)
   03/01/2021

4. If Amendment, Date of Original Filed (Month/Day/Year)
   03/01/2021

5. Relationship of Reporting Person(s) to Issuer
   Director
   Officer (give title below)
   Chief Commercial Officer

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>02/28/2021</td>
<td>A</td>
<td>V</td>
<td>375</td>
<td>$36.21</td>
<td>27,407</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>$44.48</td>
<td>03/01/2021</td>
<td>A</td>
<td>38,739</td>
<td>(2) 02/28/2033</td>
<td>Common Stock 38,739 $0.00</td>
<td>38,739</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted Stock Units</td>
<td>(3)</td>
<td>03/01/2021</td>
<td>A</td>
<td>22,102</td>
<td>(4) (4)</td>
<td>Common Stock 22,102 $0.00</td>
<td>22,102</td>
<td>D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Shares acquired pursuant to the Issuer’s Amended and Restated 2015 Employee Stock Purchase Plan in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c). The shares of Common Stock underlying the options vest in 16 equal quarterly installments over 4 years from March 1, 2021, so long as the Reporting Person continues as an employee or other service provider of the Issuer through each vesting date. This option is subject to accelerated vesting upon termination without cause or resignation for good reason after a change of control of the Issuer.
2. Each Restricted Stock Unit (“RSU”) represents the right to receive one share of the Issuer’s Common Stock.
3. The shares of Common Stock underlying the RSUs vest in 8 equal semi-annual installments over 4 years from March 1, 2021, so long as the Reporting Person continues as an employee or other service provider of the Issuer through each vesting date. The RSUs are subject to accelerated vesting upon termination without cause or resignation for good reason after a change of control of the Issuer.

Remarks:
/S/ Tricia Suvari, Attorney-in-Fact 03/03/2021
** 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).


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.