## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

to Section 1	box if no longer subje 6. Form 4 or Form 5 may continue. <i>See</i> (b).		ed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940		OMB Number: Estimated average bu hours per response:	3235-0287 urden 0.5		
1. Name and Address of Reporting Person <sup>*</sup> <u>Nemiroff Alex</u> (Last) (First) (Middle) C/O PRAXIS PRECISION MEDICINES, INC. 99 HIGH STREET, 30TH FLOOR			2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [PRAX] 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2022	5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne X Officer (give title Other (spec below) General Counsel and Secretary				
(Street) BOSTON (City)	MA (State)	02110 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed Form filed Person	nt/Group Filing (Chec d by One Reporting Pe d by More than One R	erson		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								

1. Title of Security (Instr. 3)		2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					Securities Beneficially	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	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	06/13/2022		Р		7,500	Α	\$1.63	39,347	D	

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		Tal	ble II - Derivat (e.g., pւ					ired, Disp options, d					d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

**Remarks:** 

/s/ Alex Nemiroff	06/14/2022
** Signature of Deporting Dereen	Data

Date Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.