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								

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*     Norden Gregory					2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [ PRAX ]							(Ch	Relationship eck all appl Direct	cable)	g Pers	son(s) to Iss 10% Ow		
(Last)	(Fi	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024							Office below	(give title		Other (s below)	pecify	
C/O PRAXIS PRECISION MEDICINES, INC. 99 HIGH STREET, 30TH FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	5. Individual or Joint/Group Filing (Check Applicable ine)  Form filed by One Reporting Person						
(Street) BOSTON MA 02110				.1	405.5	4/-	\ <b>T</b>	-4:-			Form filed by More than One Reporting Person							
(City) (State) (Zip)				RU	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Nor	n-Deriv	vative	Sec	curitie	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			Code (Ins	Transaction Disposed Of (D) (In Code (Instr. 5)		ties Acquir d Of (D) (Ins	ed (A) or str. 3, 4 and	Securiti Benefic Owned	Securities Fo		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	′	Amount (A) or (D)		Price	Transac					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rative rity r. 3) Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Price of Derivative Securities (A) or Dispose of (D) (Instr. 3, and 5)		Date,	Transaction Code (Instr.		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			(D)	Date Ex Exercisable Da		piration te	Title	Amount or Number of Shares										
Stock Option (Right to Buy)	\$44.25	06/05/2024			Α		8,566		(1)	06/	/05/2034	Common Stock	8,566	\$0	8,566		D	

## **Explanation of Responses:**

1. The shares subject to this option shall vest in twelve (12) equal monthly installments over one (1) year commencing on June 5, 2024.

## Remarks:

/s/ Alex Nemiroff, as Attorney-06/06/2024

in-Fact

\*\* 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.