FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	
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STATEMENT	OF CHANG	GES IN BEN	NEFICIAL (	OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-

Instruction 1(b).

Name and Address of Reporting Person*     Mastrocola Lauren				2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [ PRAX ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director								
(Last)	(Fir		(Middle) 3. Date of Earliest Transaction (Month/Day/Year)							-	Office below	er (give title	ounting	Other (s	specify				
C/O PRAXIS PRECISION MEDICINES, INC. 99 HIGH STREET, 30TH FLOOR					11/14/2024								0.1-						
(Street) BOSTON	N MA	A 0	2110		4. If /							6. In Line	) / Form	filed by On filed by Mo	e Report	ting Perso	on		
(City)	(Sta	ate) (Ž	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5)		(A) or 3, 4 and	Securit Benefic Owned	Securities Beneficially Owned Following		Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) (D)	(A) or (D) Pri		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 11/14/				11/14/	2024				<b>A</b> <sup>(1)</sup>	V	294	1	4	\$37.4	5,9	06.656	Γ		
	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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (	Price of derivative scurity str. 5)  Price of derivative scurity securitient of the scuritient of the		y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V (A)		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Sha	ber					

## **Explanation of Responses:**

1. These shares were acquired under the Praxis Precision Medicines, Inc. Employee Stock Purchase Plan in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c).

/s/ Alex Nemiroff, as Attorney-in-Fact

11/19/2024

\*\* 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.