FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to							
Section 16. Form 4 or Form 5							
obligations may continue. See							
Instruction 1(b).							

Check this box to indicate that a transaction was made pursuant to a

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

contraction for the securition intended defense	ct, instruction or purchase or sa les of the issue ed to satisfy the e conditions of ee Instruction 1	r written plan le of equity r that is affirmative Rule 10b5-																
1. Name and Address of Reporting Person* Kelly Timothy Edwin				2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [PRAX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) Chief Financial Officer 6. Individual or Joint/Group Filing (Check Applicable						
(Last) (First) (Middle) C/O PRAXIS PRECISION MEDICINES, INC. 99 HIGH STREET, 30TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)												6	
(Street) BOSTO			2110 Zip)		Form filed by More than One Reporting Person Form filed by More than One Reporting Person								on					
				-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or Be	enefic	ally Owr	ed			
Date				2. Transac Date (Month/Da	Execution Date,				es Acquired (A) Of (D) (Instr. 3,		and Secur Benef Owner	ties Fo cially (D Following (I)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) o (D)	Price		ted action(s) 3 and 4)			(Instr. 4)		
Common	Common Stock 11/14/2				/2024		A ⁽¹⁾	V	205	A	\$37	.4 12,345			D			
		Tal									osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall 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)			
					Code	v	(A)	(D)	Exercisa	able	Date		Shares					

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.