FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person <sup>*</sup> Chodakewitz Jeffrey				bate of Event Requiring terment (Month/Day/Year)     3. Issuer Name and Ticker or Trading Symbol       13/2021     Praxis Precision Medicines, Inc. [ PRAX ]									
	Last) (First) (Middle) C/O PRAXIS PRECISION MEDICINES, INC. DNE BROADWAY, 16TH FLOOR						4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)				<ol> <li>If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> </ol>		
(Street) CAMBRIDGE	MA	02142					Onicel (give title below)	0	Juliel (Specify)	Delow)	/	One Reporting Person Nore than One Reporting Person	
(City)	(State)	(Zip)											
				Table I - I	Non-Deri	vative S	ecurities Beneficially O	wned	1				
1. Title of Security (Instr. 4)						2. Amount Owned (Ins	of Securities Beneficially str. 4)	Dire	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)4.		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
			(e				urities Beneficially Ow options, convertible se		es)				
1. Title of Derivative Security (Instr. 4)			E	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlyi Security (Instr. 4)			Derivative	4. Conversion or Exercise Price of	se or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Derivative Security	(Instr. 5)		
volumetion of Resou													

Explanation of Responses:

Remarks:

Exhibit 24 - Power of Attorney

No securities are beneficially owned.

 /s/ Alex Nemiroff, as Attorney-in-Fact
 04/15/2021

 \*\* 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 field by more than one reporting person, see Instructions (b) (while a more structure).
 \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

\*\* Intentional missiatements of omissions of acts constitute Federal Chininal Violations See 18 0.5.C. 1001 and 15 0.5.C. 781(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.

LIMITED POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Marcio Souza, Alex Nemiroff and Lauren Mastrocola, signing singly, and with full pou

(1) execute for and on behalf of the undersigned, in the undersigned's capacity as officer and/or director of Praxis Precision Medicines,

(2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any :

(3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be ( The undersigned hereby grants to each such attorney-in-fact, acting singly, full power and authority to do and perform any and every act and This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file such forms with respect to IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of April 15, 2021.

/s/ Jeffrey Chodakewitz

Signature