FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, [ | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |       |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287    |       |  |  |  |  |  |  |
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| 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).  |

|   |  |                                   |                                |                | Secu  | on 30(n) (      | or trie | invesiment C   | ompany Act         | 01 1940  |   |                                   |   |   |  |                                       |
|---|--|-----------------------------------|--------------------------------|----------------|---|-----------------|---------|--|--------------------|--|---|-----------------------------------|---|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person*  Cudkowicz Merit Ester |  |                                   |                                |                | 2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [ PRAX ] |                 |         |  |                    |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                   |   |   |  |                                       |
| Cuuko   | WICZ IVIEL   | it Ester                          |                                |                |   |                 |         |  |                    | -  |   | X Directo                         | or  |   | 10% Ow   | /ner                                  |
| (Last)  | (F   | irst)                             | (Middle)                       |                | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2021                           |                 |         |  |                    |  |   | Officer<br>below)                 | (give title   |   | Other (s<br>below)   | pecify                                |
| C/O PRAXIS PRECISION MEDICINES, INC.                            |  |                                   |                                |                | +/ 20/ 2  | 021             |         |  |                    |  |   |                                   |   |   |  |                                       |
| ONE BROADWAY, 16TH FLOOR  |  |                                   |                                | 4.             | 4. If Amendment, Date of Original Filed (Month/Day/Year)                              |                 |         |  |                    |  | 6. Individual or Joint/Group Filing (Check Applicable Line)             |                                   |   |   |  |                                       |
| (Street)  |  |                                   |                                |                |   |                 |         |  |                    |  |   | ,                                 | iled by One   | Donor   | ting Doroor  | .                                     |
| CAMBR   | IDGE M   | ÍΑ                                | 02142                          |                |   |                 |         |  |                    |  |   |                                   | iled by More  |   | •  | - 1                                   |
| (City)  | (S   | tate)                             | (Zip)                          |                |   |                 |         |  |                    |  |   | . 0.00.                           |   |   |  |                                       |
|   |  | Tab                               | le I - Non-D                   | erivativ       | e Se  | curities        | s Ac    | quired, Di   | sposed o           | f, or Be   | neficiall   | y Owned                           | l   |   |  |                                       |
| Date  |  |                                   | Fransactio<br>te<br>onth/Day/Y | Execution Date |   | Code (Instr. 5) |         |  |                    | Benefici<br>Owned F  | s Forn<br>ally (D) o<br>following (I) (Ir                               |                                   | n: Direct<br>or Indirect<br>nstr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |                                       |
|   |  |                                   |                                |                |   |                 |         | Code V   | Amount             | (A) or<br>(D)  | Price   | Reported<br>Transact<br>(Instr. 3 | tion(s)   |   |  | Instr. 4)                             |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                   |                                |                |   |                 |         |  |                    |  |   |                                   |   |   |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | Date Exe<br>(Month/Day/Year) if a | Execution Date, If any C       | Code           | ransaction of ode (Instr. ) Se Ac (A Di of  |                 |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amoun<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | Derivative<br>Security            | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |                                   |                                | Code           | v   | (A)             | (D)     | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares                                  |                                   |   |   |  |                                       |
| Stock<br>Option<br>(Right to<br>Buy)                            | \$31.65  | 04/28/2021                        |                                | A              |   | 38,579          |         | (1)  | 04/28/2031         | Common<br>Stock  | 38,579  | \$0                               | 38,579  |   | D  |                                       |

## **Explanation of Responses:**

1. The shares subject to this option shall vest in thirty-six (36) equal monthly installments over three (3) years commencing on April 28, 2021.

## Remarks:

04/30/2021

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).