SEC For	m 4																		
FORM 4 UNITE				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							CHAN to Sectior on 30(h) o	n 16(a	a) of the S	Securit	HIP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5							
1. Name and Address of Reporting Person* <u>Nemiroff Alex</u> (Last) (First) (Middle) C/O PRAXIS PRECISION MEDICINES, INC. ONE DROAD WAY, ACTUAL OF COMP					<u>Pr</u> 3. [2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [PRAX] 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2021									Relationship of Reporting Person(s) to Issuer heck all applicable) Director 10% Owner X Officer (give title Other (specify below) General Counsel and Secretary				rner pecify
ONE BROADWAY, 16TH FLOOR (Street) CAMBRIDGE MA 02142 (City) (State) (Zip)						Line) X Form filed										oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					action	ar) i	Curities Acc 2A. Deemed Execution Date, f any Month/Day/Year]		3. Transaction Code (Instr.		4. Securi Disposed 5)	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		4) or , 4 and	5. Amou Securitie Beneficia	nt of 6. O es Forr ally (D) o Following (I) (I d		r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock 02/1					2/202	/2021			A		Amount 12,400	(D)	A	Price \$0	(Instr. 3 a			D	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date, T	Transa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/I	on Dat		of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares					
Stock Option (Right to Buy)	\$52.53	02/12/2021			A		43,400		(2)		02/12/2031	2/2031 Common Stock 43,		3,400	\$0	43,400		D	

Explanation of Responses:

1. Mr. Nemiroff was awarded 12,400 restricted stock units. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Common Stock. The restricted stock units vest in equal annual installments over a four-year four-year for the vesting commencement date of February 12, 2021. The restricted stock units was the equal annual installments over a four-year and the vesting commencement date of February 12, 2021. The restricted stock units may be settled only by delivering shares of the Issuer's Common Stock, and thus, the grant is being reported in Table 1 as allowed per SEC guidance.

2. The shares underlying this stock option vest over a four-year period, with 25% vesting on the one-year anniversary of the vesting commencement date of February 12, 2021 and the remaining 75% vesting in 36 equal monthly installments following such first anniversary, subject to the reporting person's continued service through each vesting date.

Remarks:

/s/ Alex Nemiroff ** Signature of Reporting Person

02/17/2021

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.