FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549	

	OMB APP	ROVAL
	OMB Number:	3235-0287
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0.5

hours per response:

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 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 10h5-1(c)

STATEMENT OF CHANGES IN BENEFICIAL 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

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 Iss (Check all applicable) Director Officer (give title Other (s				ner	
(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								Officer (give title Other (specify below) Principal Accounting Officer					
(Street) BOSTON (City)	N M	A (tate)	02110 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lir	e) Form Form Pers	,					
1. Title of Security (Instr. 3) 2. Transa Date			2. Transac	tion	ion 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Code (Instr. 8)			(A) or	5. Am Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		Direct condirect E	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Trans (Instr.	action(s) 3 and 4)		,	Instr. 4)
Common Stock 11/14/20 Common Stock 11/14/20							M S		4,374 5,188.344	A D	\$56.9 \$81.78	_	-,					
		Т	able I								posed of, , converti			y Owned	<u> </u>	1	<u> </u>	
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Execution Date or Exercise (Month/Day/Year) if any Cr		Transa	nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or oosed O) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly Di or	wnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)		
			Code V (A)		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$56.94	11/14/2024		M				4,374	(2)		07/29/2034	Common Stock	4,374	\$0	\$0 16,626		D	

Explanation of Responses:

1. The price reported is a weighted average price. The securities were sold in multiple transactions at per share prices ranging from \$81.23 to \$81.797. The Reporting Person undertakes to provide upon request from the SEC staff, the Issuer, or any shareholder of the Issuer, full information regarding the number of securities sold at each separate price within the range set forth in this footnote.

2. The shares underlying this stock option vested as to 7/48ths on July 29, 2024 and the remaining shares vest in substantially equal monthly installments over the following 41 months, subject to the reporting person's continued service through each vesting date.

Remarks:

The transactions reported in this Form 4 were effected for estate planning purposes.

/s/ Alex Nemiroff, as Attorney-11/15/2024 in-Fact

** 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 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.