FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
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).

## 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 ]										k all app Direc	licable) tor		rson(s) to Is	vner
(Last)	nst) (First) (Middle) O PRAXIS PRECISION MEDICINES, INC.						3. Date of Earliest Transaction (Month/Day/Year)  01/07/2024  X Officer (give title below)  Principal Accounting Officer									·			
99 HIGH STREET, 30TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	ndividual or Joint/Group Filing (Check Applicable					
(Street)														X Form filed by One Reporting Person Form filed by More than One Reporting					
BOSTON MA 02110						Person													
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date		Date,	Transaction Disposed Code (Instr. 5)		Disposed C	es Acquired (A) o Of (D) (Instr. 3, 4				ties For cially (D) d Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pri		се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 01/07/2					2024				F <sup>(1)</sup>		35	D	\$2	25.19	1	,975		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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er					

## Explanation of Responses:

1. Shares withheld by the Issuer to satisfy the tax withholding obligations in connection with the vesting of certain previously reported Restricted Share Units.

## Remarks:

On November 28, 2023, the Issuer effected a 1-for-15 reverse stock split. The share counts herein have been adjusted to reflect the reverse stock split.

/s/ Alex Nemiroff, as Attorney-in-Fact

01/09/2024

\*\* 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.