FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL								
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l	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response	0.5							

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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* Souza Marcio					2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [PRAX]									5. Relationship of Reporting Person(s) to (Check all applicable) X Director 10% O					
(Last) (First) (Middle) C/O PRAXIS PRECISION MEDICINES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2023								X	belov	cer (give title ow) Chief Executiv		Other (specify below) ve Officer	
99 HIGH STREET, 30TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BOSTON MA 02110															Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	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-Derivat	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or E	Benefic	cially	Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					/Year)	Deemed cution Date, y oth/Day/Year)				ies Acquired (A Of (D) (Instr. 3,		4 and Secur Benef Owne Follow		cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				
Common	.023			A ⁽¹⁾		11,687	11,687 A \$		884	237,986		D							
		Tab	ole II -	Derivativ											Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed tion Date, h/Day/Year)	Se Ac (A) Dis			rative rities ired r osed)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and or Numb of Title Share		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		D. wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. These shares were acquired under the Praxis Precision Medicines, Inc. Employee Stock Purchase Plan in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c).

Remarks:

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

05/18/2023

** 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.