| SEC Form 4 |
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## FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| to Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b).   | Filed          | pursuant to Section 16(a) of the Securities Exchange Act of 1934<br>or Section 30(h) of the Investment Company Act of 1940                        | Estimated average burden<br>hours per response: 0                                 |  |   |
|---|----------------|---|---|--|---|
| 1. Name and Address of Reporting Person*     YOUNG WILLIAM D     (Last)   (First)     (Middle)     C/O PRAXIS PRECISION MEDICINES, INC. |                | 2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [ PRAX ] 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021 | 5. Relationship of I<br>(Check all applicat<br>X Director<br>Officer (g<br>below) | ble)   | n(s) to Issuer<br>10% Owner<br>Other (specify<br>below) |
| ONE BROADWAY, 16TH FLC<br>(Street)<br>CAMBRIDGE MA<br>(City) (State)  | 02142<br>(Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   | nt/Group Filing (<br>I by One Report<br>I by More than C | ing Person  |

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 3.<br>Transa<br>Code (<br>8) | ction |        |               |                   | Securities<br>Beneficially         | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|---------------------------------|--|---|------------------------------|-------|--------|---------------|-------------------|------------------------------------|---|---|
|                                 |  |   | Code                         | v     | Amount | (A) or<br>(D) | Price             | Transaction(s)<br>(Instr. 3 and 4) |   | (Instr. 4)  |
| Common Stock                    | 05/13/2021                                 |   | <b>J</b> <sup>(1)</sup>      |       | 28,473 | Α             | \$ <mark>0</mark> | 28,473                             | D   |   |

|   | 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  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | 5. Number<br>of |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>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 |   |  |  |  |

## Explanation of Responses:

1. Pro rata distribution from Clarus Lifesciences III, L.P., of which the reporting person is a limited partner.

## **Remarks:**

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

07/07/2021

\*\* 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.