FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20E 40
Washington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>Vitorovic Stefan</u>					2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [ PRAX ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner								
	AXIS PREC	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/20/2020								Λ	Officer (give title below)  Other (spec below)						
(Street)		, 16TH FLOOR ИА	02142		4. If Amendment, Date of 0				of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)																	
1. Title of Security (Instr. 3) 2. Tra				2. Transac	action 2A. Deemed Execution Date,		equired, Disposed of, or Benef  3. Transaction Code (Instr. ) 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 18)		ed (A) or	5. Amount of Securities Beneficially Owned Folloy		Form: (D) or		Direct In ndirect Be r. 4) O	Nature of direct eneficial wnership					
								Code	v	Amount	unt (A) or Pri		ce	Reported Transaction (Instr. 3 and			(Ir	ıstr. 4)		
Common Stock				10/20/2	)/2020		С		2,689,3	2,689,329 A		(1)	2,689,329				ee ootnote <sup>(2)</sup>			
			Table II - I				ities Acq warrants							wned	,		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code	Transaction Code (Instr.		Derivative E		6. Date Exercisable a Expiration Date (Month/Day/Year)		d 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		lying Derivative		derivative Securities Beneficia Owned Following Reported	ve (ces Fially [ces ]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Amour Number Shares	er of		Transac (Instr. 4)					
Series B Preferred Stock	(1)	10/20/2020		С			4,150,000	(1)		(1)	Common Stock	1,939	),295	\$0.00	0		I	See Footnote <sup>(2)</sup>		
Series B -1 Preferred Stock	(1)	10/20/2020		С			551,794	(1)		(1)	Common Stock	257,	853	\$0.00	0		I	See Footnote <sup>(2)</sup>		
Series C Preferred Stock	(1)	10/20/2020		С			171,410	(1)		(1)	Common Stock	80,1	100	\$0.00	0		I	See Footnote <sup>(2)</sup>		
Series C -1 Preferred	(1)	10/20/2020		С			881,835	(1)		(1)	Common Stock	412,	081	\$0.00	0		I	See Footnote <sup>(2)</sup>		

## Explanation of Responses:

- 1. All series of Preferred Stock automatically converted into the Issuer's Common Stock on a 1-for-2.14 basis upon the closing of the Issuer's initial public offering on October 20, 2020 and had no expiration date.
- 2. These shares are held directly by Vida Ventures, LLC, a United States limited liability company. The Reporting Person is a managing director of Vida Ventures, LLC and is also a member of the board of directors of the Issuer. The Reporting Person disclaims beneficial ownership of such shares, except to the extent of his proportionate pecuniary interest therein, if any.

## Remarks:

/s/ Alex Nemiroff, as Attorneyin-Fact

10/20/2020

\*\* 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.