SEC For	m 4 FORM	4	UNITED	STA	TES	S SE	-		-			NGE	сс	оммі	SSION					
					Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					d purs	suant f	o Sectior	n 16(a	a) of the Sec	uritie	es Exchan		SHIP	Estima	OMB Number: 3235- Estimated average burden hours per response:		3235-0287 n 0.5			
1. Name and Address of Reporting Person* Kelly Timothy Edwin				2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [PRAX] 3. Date of Earliest Transaction (Month/Day/Year)									(Ch	eck all applic Directo	able)	, 10% Owne				
(Last)					07/29/2024									С	hief Fina	ncial	Officer			
C/O PRAXIS PRECISION MEDICINES, INC. 99 HIGH STREET, 30TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv Line)									,						
(Street) BOSTON MA 02110						Form filed by Ore Rej Form filed by More that Person										•	•			
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication Image: 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.																
		Tah	ole I - Non	-Deriv	ative	e Sei	curities	s Δr	auired C	Disr	nosed o	of or F	Rene	ficial	v Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year		, 3. Transactio Code (Inst		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		(A) or	A) or 5. Amoun		Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D) or)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common Stock 07/29				07/29	/2024		Α		7,800 ⁽¹⁾ A		\$ <mark>0</mark>	12,140			D					
		-	Table II - I (uired, Di , options						Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Ti	Code (Instr				6. Date Exercisabl Expiration Date (Month/Day/Year)			nd 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		ecurity	8. Price of Derivative Security (Instr. 5)	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)	
				c	ode	v	(A)	(D)	Date Exercisable		xpiration Date	Title	0 N 0	Amount or Number of Shares						
Stock Option (Right to Buy)	\$56.94	07/29/2024			А		36,400		(2)	0	17/29/2034	Commo Stock		36,400	\$0	36,40	0	D		

Explanation of Responses:

Mr. Kelly was awarded 7,800 restricted stock units. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Common Stock. The restricted stock units vest in equal annual installments over a four-year period beginning on January 12, 2025, subject to the reporting person's continued service through each vesting date. The restricted stock units have no expiration date.
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.

/s/ Alex Nemiroff, as Attorney-	07/21/2024
in-Fact	0//31/2024

** 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.