FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Mastrocola Lauren					2. Issuer Name and Ticker or Trading Symbol Praxis Precision Medicines, Inc. [PRAX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
															_	ficer (give title		Other (
(Last)	(Fir	st) (N	/liddle)		3. Da	Date of Earliest Transaction (Month/Day/Year)							1	be	low) ``		below)	·	
C/O PRAXIS PRECISION MEDICINES, INC.			01/07/2025								Principal Accounting Officer								
·																			
99 HIGH STREET, 30TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					7. " /	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)				
BOSTO	N M	A 0	2110												√ Fo	rm filed by Or	ne Rep	oorting Pers	on
Bosto			2110												Form filed by More than One Reporting Person				
(City)	(Sta	ate) (7	(ip)												Pt	15011			
(0.13)	(0	(2																	
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or E	3en	eficia	ally Ov	/ned			
1. Title of Security (Instr. 3) 2. Transac					tion					-4!	4. Securities Acquired (A Disposed Of (D) (Instr. 3,								7. Nature of Indirect
Date (Month/Date			y/Year) Execution Date, if any			Code (Instr. 5)			3, 4 an	Ber	eficially	cially (D)		Beneficial Ownership					
				(Month/Day/Year)		8)			Rep	ned Following orted	(1) (11	(Instr. 4)	(Instr. 4)						
								Code	v	Amount	(A) (D)	or	Price	Trai (Ins	saction(s) tr. 3 and 4)				
Common Stock 01/07/2			2025			F ⁽¹⁾		35	D \$7		\$77.5	52 5	5,871.656		D				
		Tal	ole II -	Derivati	ive Se	curi	ties A		ired [Disn	osed of, o	or Re	nef	ficial	v Owi	ned	•	'	
		Tu.									onvertib					iou			
1. Title of	emed 4.				5. Number		6. Date Exercisable and		7. Title and			8. Price			10.	11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities				Derivativ	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/Year	/Day/Year)	8)		Securities Acquired		` Unc				Underlying Derivative		(Instr. 5)	Beneficial Owned	ly	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
	Security							(A) or		Security (rity (I			Following Reported			(
					Disposed of (D) (Instr. 3, 4 and 5)		of (D)						Transaction	Transaction(s)					
											(Instr. 4)								
					- 			П				Amo		ount					
													or	nber					
					Code	\v	(A)	(D)	Date Exercis	ahla	Expiration Date	Title	of Sha						
					Soue		(^)	(6)	-vei cis	anie	Date	Line	Julia	63					

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:

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

01/08/2025

** 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.