SEC For	rm 4																	
FORM 4				UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549								SSION	SION OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			0	STA		d pursuar	IT OF CHANGES IN BENEFICIAL OWNI pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							SHIP	Estim	OMB Number: 323 Estimated average burden hours per response:		
1. Name and Address of Reporting Person [*] Chung Wendy						2. Issuer Name and Ticker or Trading Symbol Prime Medicine, Inc. [PRME] 3. Date of Earliest Transaction (Month/Day/Year)							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (rive title Other (creative				
(Last)	, , , , , , , , , , , , , , , , , , , ,					06/14/2023								Officer (give title Other (specify below) below)				
C/O PRIME MEDICINE, INC. 21 ERIE STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) CAMBRIDGE MA				02139										Form filed by More than One Reporting Person				
(City) (State) (Zip)				(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instr satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									on or writter	n plan 1	that is intend	ed to
			Tab	le I - Noi	n-Deriv	ative S	ecurities Ac	quired	, Disp	osed o	of, o	r Bene	eficial	ly Owne	k			
1. Title of Security (Instr. 3)					(Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea	Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									v	Amount	t	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				
			Т				curities Acq lls, warrants							Owned				
1. Title of Derivative Security	2. Conversion or Exercise		-			4. Transactio Code (Inst	5. Number n of r. Derivative	Expiratio	6. Date Exercisat Expiration Date (Month/Day/Year)		Amo		7. Title and Amount of Securities		9. Numbe derivative Securities	vative Ow		11. Nature of Indirect Beneficial

Explanation of Responses:

\$14.83

1. The shares subject to this option shall vest in full upon the earlier of (i) June 14, 2024 or (ii) the date of the next annual meeting of stockholders, subject to the Reporting Person's continuous service to the Issuer through such vesting date.

Date Exercisable

(1)

Expiration Date

06/14/2033

Remarks:

Security (Instr. 3)

Stock Option (right to

buy)

or Exercise Price of

Derivative

Security

06/14/2023

/s/ Gabriela Morales-Rivera, attorney-in-fact

Title

Commor Stock

Securities Underlying Derivative Security

Amount or Number

of Shares

39,062

(Instr. 3 and 4)

Security (Instr. 5)

\$<mark>0</mark>

Owned

Following Reported

Transaction(s) (Instr. 4)

39,062

Securities Beneficially

Beneficial Ownership

(Instr. 4)

Form: Direct (D)

or Indirect

(I) (Instr. 4)

D

06/16/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

if any (Month/Day/Year)

Code (Instr. 8)

Code v (A)

A

of Derivative Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

39,062

(D)

* 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.