FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	11domington, 2.0. 200 to	
STATEMENT	OF CHANGES IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
- 1		0.5							

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 10b5-1(c). See Instruction 10.

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

motruc	uon 10.																		
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Prime Medicine, Inc. [PRME]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Brudnick Richard											7			Directo	or		10% Ov	vner	
(Last) (First) (Middle)					2 5	O Date of Father Target than (Mark Dank)								Officer below)	(give title		Other (s below)	specify	
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/05/2024								Chief Business Officer					
C/O PRIME MEDICINE, INC.					12/	12/03/2024													
60 FIRST STREET																			
					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														Form filed by One Reporting Person					
CAMBR	IDGE M	Í A	02141												,		n One Repo		
-														Persor					
(City)	(S	tate)	(Zip)																
	·	Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	of, or Be	neficial	ly Owned	ı				
1. Title of S	Security (Ins	tr. 3)		2. Trans	action	ction 2A. Deemed 3. 4. Sec					4. Securi	ties Acquire	ed (A) or	5. Amou	nt of 6. O		Ownership	7. Nature	
Date (Month/D					Day/Ye	ar)	Execution Date if any (Month/Day/Ye		Code (Inst		on Disposed Of (D) (Instr. 3, 4		tr. 3, 4 and	Benefici	ally (D)	(D) o	or Indirect	of Indirect Beneficial Ownership	
						", 0,				1				ı " '''	''' ''''	Instr. 4)	(Instr. 4)		
									Code	v	Amount	(A) oi (D)	Price		nsaction(s) str. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
												ble secu		Ownea					
1. Title of	2.	3. Transaction	3A. Deemed	d .	4.		on of		6. Date Exercis		able and	7. Title an	d Amount	8. Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D			ction Instr.			Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	(Instr. 3) Price of (Month/Day/Year)				3) 3)	Securities		ies	Derivative Secu				Security	(Instr. 5)	Beneficially		Direct (D) Ov	Ownership	
	Derivative					Acquired (Instr. 3 and 4)							nd 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
						Disposed		Disposed of (D) (Instr.							Reported Transaction(s)				
						3, 4 and 5)									(Instr. 4)	(5,			
										T			Amount	1					
													or Number						
				,	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shares						
Stock				$\overline{}$				H		\top									
Option	\$7.96	12/05/2024			Α		19,300		(1)		08/04/2032	Common	19,300	\$0	57,90	0	D		
(right to buy)	·											Stock	,,,,,,,,,,,						

Explanation of Responses:

1. Represents an option initially granted to the Reporting Person on August 4, 2022, a portion of which shares underlying this option shall vest upon the achievement of certain performance milestones. On December 5, 2024, the board of directors of the Issuer determined that one of the performance milestone conditions was achieved, resulting in the vesting of 19,300 shares.

Remarks:

/s/ Karen Brown, attorney-in-

fact

** Signature of Reporting Person Da

Date

12/09/2024

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.