| SEC Form 4 | | | | | | | | | | |
|---|-------------------------|--|----------------------|---|---------------------|--|--|--|--|--|
| FORM 4 | UNITED S | TATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 | | | | | | | | |
| Check this box if no longer sul 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 193 or Section 30(h) of the Investment Company Act of 1940 | | OMB Number: Estimated average b hours per response: | 3235-0287 | | | | | |
| 1. Name and Address of Report Chung Wendy | ing Person [*] | 2. Issuer Name and Ticker or Trading Symbol Prime Medicine, Inc. [PRME] | | | | | | | | |
| (Last) (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2024 | Officer (g below) | | ner (specify ow) | | | | | |
| C/O PRIME MEDICINE, 60 FIRST STREET | INC. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | nt/Group Filing (Chec d by One Reporting P | | | | | | |
| (Street) CAMBRIDGE MA | 02141 | | Form file Person | d by More than One R | Reporting | | | | | |
| | | Rule 10b5-1(c) Transaction Indication | | | | | | | | |
| (City) (State) | (Zip) | 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. | | | | | | | | |
| | Table I - Non-De | erivative Securities Acquired, Disposed of, or Bene | ficially Owned | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | Disposed Of (| s Acquired (A) or If (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|-------|---------------|--|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |

| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|--|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| 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/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$7.68 | 06/12/2024 | | A | | 45,000 | | (1) | 06/12/2034 | Common Stock | 45,000 | \$0 | 45,000 | D | |

Explanation of Responses:

1. The shares subject to this option shall vest in full upon the earlier of (i) June 12, 2025 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.

Remarks:

/s/ Karen Brown, attorney-infact

06/12/2024

** 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.