## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEF	FICIAL OWNERSHIP
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OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response.	0.5						

Check this box if no longer subject to 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 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Marrazzo Jeffrey D			2. Issuer Name and Ticker or Trading Symbol Prime Medicine, Inc. [ PRME ]								able)	1	0% Owi	ner			
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024						Officer ( below)	give title		ther (spelow)	pecify		
C/O PRIME MEDICINE, INC. 21 ERIE STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street)	IDGE M	IA	02139										Form fil Person	ed by More	than One	Reporti	ng
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication  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.							satisfy					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			2. Transac Date (Month/Da	Execution Date		Date,	Code (Instr.		ed (A) or tr. 3, 4 and 5	Beneficia Owned Fo	ily	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	ct Ir ect B	7. Nature of ndirect Beneficial Ownership			
								V A	mount	(A) or (D)	Price	Reported Transaction (Instr. 3 as				Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Conversion Date Execution E Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Instr.		Derivative		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 derivative Securities Beneficial Owned Following Reported Transactio	ly Owr Forr Dire or Ir (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	Date Expiration (D) Exercisable Date Title of Shares		(Instr. 4)								
Stock Option (right to buy)	\$8.63	02/29/2024		A		250,000		(1)	02/28	8/2034	Common Stock	250,000	\$0	250,00	0	D	

## Explanation of Responses:

1. The shares underlying this option shall vest in full on the one-year anniversary of the date of grant, subject to the Reporting Person's continued service through such vesting date.

## Remarks:

/s/ Karen Brown, attorney-in-03/04/2024 fact

\*\* 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.