FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ngton, D.C. 20549		

OMB APPR	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

hours per response:

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

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

Name and Address of Reporting Person* Duffield Jeremy				2. Issuer Name and Ticker or Trading Symbol Prime Medicine, Inc. [PRME]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (cive title) Other (cree) Other (cree) Other (cree) Other (cree) Other (cree)						
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024)	X Officer (give title below) Other (specify below) Chief Scientific Officer					
C/O PRIME MEDICINE, INC. 21 ERIE STREET				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	IDGE M	ΙA	02139									2	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		R	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																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action 2A. Deemed Execution Date if any (Month/Day/Year)		Code (Instr.				Securities Fo		Form	: Direct I r Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) c (D)	r Price	Transaction(s) (Instr. 3 and 4)							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion OEccurity (Instr. 3) Price of Derivative Security Security (Month/Day/Year)		Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Stock Option (right to buy)	\$8.49	02/21/2024			A		180,995		(1)	02	2/21/2034	Common Stock	180,995	\$0	180,99	95	D	

Explanation of Responses:

1. 1/48th of the shares underlying this option vest and become exercisable in substantially equal monthly installments on each monthly anniversary of February 21, 2024, subject to the Reporting Person's continued service on each such vesting date.

Remarks:

/s/ Karen Brown, attorney-in-02/23/2024 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.