FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  NELSEN ROBERT |   |                           | 2. Date of B<br>Requiring S<br>(Month/Day<br>10/19/202 | Statement<br>y/Year)    | 3. Issuer Name and Ticker or Trading Symbol Prime Medicine, Inc. [ PRME ]  |  |  |   |  |  |
|---|---|---------------------------|--|-------------------------|--|--|--|---|--|--|
|   | (First) (Midd                           | ·                         | 10/19/202  |                         | 4. Relationship of Reporting Issuer (Check all applicable)  X Director   | ` ,  |  | 5. If Amendment,<br>Filed (Month/Day/<br>10/19/2022 |  |  |
| (Street) CHICAGO  |   | 1                         |  |                         | Officer (give<br>title below)  | Other (<br>below)  |  | A Person  | e Line) by One Reporting by More than One          |  |
| (City)  | (State) (Zip)                           |                           |  |                         |  |  |  | reporting i   | CISOII   |  |
| Table I - Non-Derivative Securities Beneficially Owned  |   |                           |  |                         |  |  |  |   |  |  |
| 1. Title of Security (Instr. 4)                         |   |                           |  |                         |  |  |  |   |  |  |
| 1. Title of Sec   | urity (Instr. 4)                        |                           |  |                         | 2. Amount of Securities<br>Beneficially Owned (Instr.<br>4)  | 3. Owner<br>Form: D<br>(D) or In<br>(I) (Instr                   | oirect O                               | . Nature of Indire<br>wnership (Instr.              |  |  |
| 1. Title of Sect  | urity (Instr. 4)                        |                           |  | Derivative              | Beneficially Owned (Instr.   | Form: D<br>(D) or Ir<br>(I) (Instr                               | oirect<br>odirect<br>: 5)              |   |  |  |
|   | urity (Instr. 4) vative Security (Instr | (e.g.,  <br>. 4) 2.<br>Ex |  | Derivative<br>Is, warra | Beneficially Owned (Instr.<br>4)<br>• Securities Beneficia   | Form: D<br>(D) or Ir<br>(I) (Instr<br>Ily Own<br>ble sectorities | ed urities)  4. Conversion or Exercise | 5.<br>On Ownership<br>se Form:                      | 6. Nature of Indirect Beneficial Ownership (Instr. |  |
|   | . ,                                     | (e.g.,  <br>2. Ex<br>(M   | Date Exerc   | Derivative<br>Is, warra | Beneficially Owned (Instr. 4)  Securities Beneficiants, options, convertiants, options, convertinants, options, convertiants, convertiants, convertiants, options, convertiants, c | Form: D<br>(D) or Ir<br>(I) (Instr<br>Ily Own<br>ble sectorities | ed urities)  4. Conversion             | 5.<br>Ownership<br>Form:<br>Direct (D)              | 6. Nature of Indirect Beneficial                   |  |

### **Explanation of Responses:**

- 1. The shares of Series A Convertible Preferred Stock and Series B Convertible Preferred Stock (together, the "Preferred Stock") are convertible into Common Stock on a one-for-3.10880 basis at any time at the option of the holder, and will automatically convert into the number of shares shown in Column 3 immediately prior to the closing of the Issuer's initial public offering. The Preferred Stock has no expiration date.
- 2. Shares held by a trust for the benefit of family members of the Reporting Person that were not included in the initial report.

#### Remarks:

/s/ Carman Alenson attorney-in-fact 10/24/2022

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.