Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| VI I I I C / | MAD EV | |
|--------------|-----------|--|
| Machinaton | D C 20540 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

| | ons of Rule 10b5- ction 10. | | | | | | |
|--|--------------------------------|---------|---|---|--|--|--|
| 1. Name and Address of Reporting Person* Zinda Michael (Last) (First) (Middle) C/O REPARE THERAPEUTICS INC. | | | Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX] Date of Earliest Transaction (Month/Day/Year) | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) | | | |
| | | , | 03/12/2025 | EVP, CHIEF SCIENTIFIC OFFICER | | | |
| (Street) ST-LAURENT (City) | A8 (State) | H4S 1Z9 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | |

| Code V Amount (D) (A) or (D) Price (Instr. 3 and 4) Reparation(s) (Instr. 3 and 4) Common Shares 03/12/2025 S(1) 5,611 D \$1.14 80,297 D | 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Transaction Code (Instr. 3, 4 and 5) | | 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) | | |
|--|---------------------------------|--|------------------|--------------------------------------|--------|---|---|---|---|------------|
| Common Shares 03/12/2025 S ⁽¹⁾ 5,611 D \$1.14 80,297 D | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) | | (111501.4) |
| | Common Shares | 03/12/2025 | S ⁽¹⁾ | | 5,611 | D | \$1.14 | 80,297 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 2. Conversion 3. Transaction Date 3A. Deemed Execution Date, 5. Number 6. Date Exercisable and Expiration Date 7. Title and Amount of 8. Price of Derivative 9. Number of derivative 10. Ownership 11. Nature of Indirect Transaction (Month/Day/Year) if any Derivative Security or Exercise Code (Instr. (Month/Day/Year) Securities Security Securities Form: **Beneficial** (Month/Day/Year) Securities Underlying (Instr. 5) Beneficially Direct (D) or Indirect (I) (Instr. 4) Derivative Acquired Derivative Owned (Instr. 4) (A) or Disposed of (D) (Instr. 3, 4 and 5) Security Security (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 4) Amount Number Expiration Date of Shares (A) (D) Title Code Exercisable

Explanation of Responses:

1. Represent shares sold to satisfy the Reporting Person's tax withholding obligation in connection with the vesting and settlement of restricted stock units and does not represent a discretionary sale by the holder

/s/ Steve Forte, Attorney-in-

Fact

** Signature of Reporting Person Date

03/14/2025

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.