FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235- 0104					
Estimated average burden						
hours per	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 GADICKE ANSBERT	Requirin (Month/E	2. Date of Event Requiring Statement (Month/Day/Year) 06/18/2020 3. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX]						
(Last) (First) (Middle) C/O MPM CAPITAL			4. Relationship of Report Issuer (Check all applicable)	ting Person(s) to		Amendment, d (Month/Day/	Date of Original Year)
450 KENDALL STREET			Director Officer (give title below)	21	Owner (specify	(Ch	eck Applicable	int/Group Filing e Line) by One Reporting
(Street) CAMBRIDGE MA 02142 (City) (State) (Zip)	_		title below)	Belov	,,	X	Person	by More than One
(City) (State) (Zip)	Table I - No	on-Deriva	tive Securities Bene	eficially C	wned			
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		wnership 4. Na		Nature of Indirect Beneficial wnership (Instr. 5)		
1. Title of Security (Instr. 4)			Beneficially Owned (Inst	r. Form: (D) or	Direct Indirect			
			Beneficially Owned (Inst	Form: (D) or (I) (Ins	Direct Indirect tr. 5)	Owne		
		alls, warra	Beneficially Owned (Inst 4) // Securities Benefic	r. Form: (D) or (I) (Ins	Direct Indirect tr. 5) ned curities 4. Conver or Exer	Ownersion raise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
(e	.g., puts, c 2. Date Exerc Expiration Da	alls, warra	re Securities Beneficants, options, conve	r. Form: (D) or (I) (Ins	Direct Indirect tr. 5) ned curities 4. Conver or Exer Price o Derivat	Ownersion cise five	5. Ownership	6. Nature of Indirect Beneficial
(e	.g., puts, c 2. Date Exerc Expiration Da (Month/Day/V	alls, warra	Beneficially Owned (Inst 4) Ye Securities Benefic ants, options, conve 3. Title and Amount of So Underlying Derivative Se (Instr. 4)	Form: (D) or (I) (Ins cially Ow ertible securities ecurity Amount or Number of	Direct Indirect tr. 5) ned curities 4. Conver or Exer Price o Derivat Securit	Owner sion cise f ive y	5. Ownership Form: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr.

Explanation of Responses:

- 1. All series of convertible preferred shares will convert into the number of shares of the Issuer's common stock on a 1-for-1 basis, for no additional consideration, immediately prior to the closing of the Issuer's initial public offering and have no expiration date.
- 2. The Reporting Person disclaims beneficial ownership of the securities except to the extent of his pecuniary interest therein.
- 3. The shares are held as follows: 1,636,136 by MPM BioVentures 2014, L.P. ("BV 2014"), 109,128 by MPM BioVentures 2014(B), L.P. ("BV 2014(B)"), 56,317 by MPM Asset Management Investors BV2014 LLC ("AM BV2014") and 1,801,580 by UBS Oncology Impact Fund L.P. ("UBS Oncology"). MPM BioVentures 2014 GP LLC and MPM BioVentures 2014 LLC ("BV LLC") are the direct and indirect general partners of BV 2014 and BV 2014(B). Ansbert Gadicke is a member of BV LLC. MPM Oncology Impact Management GP LLC ("Oncology GP LLC") is the General Partner of MPM Oncology Impact Management L.P., the General Partner of UBS Oncology Impact Fund, L.P. Ansbert Gadicke is the managing director of Oncology GP LLC.
- 4. The shares are held as follows: 864,749 by BV 2014, 57,677 by BV 2014(B), 29,765 by AM BV2014 and 336,757 by UBS Oncology.

Remarks:

/s/ Ansbert Gadicke,

06/18/2020

** Signature of Reporting

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 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.