FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	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).

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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Zinda Michael				2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) C/O REI	`	First) RAPEUTICS IN	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/04/2025					below) EVP, CHIEF SCIENTIFIC OFFICER							
(Street) ST-LAU (City)	· 	State)	H4S 1Z9		4. If Am	endment, Date o	of Origina	l Filed	(Month/Da	ay/Ye	ear)	Line	Form f	iled by One	e Repo	(Check Ap rting Perso One Repo	n
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					2A. Deemed Execution Date, if any (Month/Day/Yea	Code	Transaction Disp Code (Instr. 5)		curities Acquired (A) esed Of (D) (Instr. 3, 4			Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount (A) or (D)		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Shares 03/04/				/2025		Α		14,000	4,000 ⁽¹⁾ A		\$ <mark>0</mark>	85	85,908		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, Truity or Exercise (Month/Day/Year) if any		ransaction ode (Instr.		6. Date I Expirati (Month/I		7. Title and Amof Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5) Securitie Owned Following Reported Transacti (Instr. 4)		illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

\$1.17

\$1.17

Employee Stock

Option

(right to buy) Employee Stock Option

(right to buy)

1. Represents a restricted stock unit ("RSU") award. Thirty-three and one third percent (33 1/3%) of the RSUs shall vest on each of March 4, 2026, March 4, 2027 and March 4, 2028, subject to Reporting Person continuing to provide service through each such date.

Date Exercisable

(2)

(3)

(A)

75,000

85,000

Code

A

A

(D)

Expiration Date

03/03/2035

03/03/2035

Title

Commo Shares

Shares

- 2. The option will vest in in full on March 4, 2026, subject to Reporting Person continuing to provide service through such date.
- 3. Twenty-five percent (25%) of the shares subject to the option shall vest on March 4, 2026, and one thirty-sixth (1/36th) of the remaining shares subject to the option shall vest each month thereafter, subject to Reporting Person continuing to provide service through each such date.

/s/ Steve Forte, Attorney-in-Fact 03/06/2025

Amount or Number

of Shares

75,000

85,000

\$<mark>0</mark>

75,000

85,000

D

D

** 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).

03/04/2025

03/04/2025

** 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.