FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

A / a a la i a a 4 a a	D C	20540
Vashington,	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). 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*  Morrison Briggs						2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [ RPTX ]								telationship eck all appli X Directo	,	g Pers	on(s) to Iss	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023									(give title		Other (s below)	pecify
C/O REPARE THERAPEUTICS INC. 7210 FREDERICK-BANTING, SUITE 100					4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) ST-LAURENT A8 H4S 2A1					_	Form filed by More than One Reporting Person												
(City)	(Si	<i>,</i>	(Zip)	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.  Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action	ction 2A. Deemed Execution Date,			3. Transacti Code (Ins	4. Securities Acquired Disposed Of (D) (Instr.		red (A) or	5. Amou Securiti Benefic	nt of 6. Contact		: Direct   C Indirect   E str. 4)   C	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	mount (A) or (D)		Transac	action(s) 3 and 4)			(Instr. 4)		
		Т							uired, Dis , options					Owned				
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code V (A)		(D)	Date Ex Exercisable Da		piration te									
Stock Option (right to buy)	\$11.66	06/08/2023			A		27,200		(1)	06	/07/2033	Common Shares	27,200	\$0.00	27,200		D	

## **Explanation of Responses:**

1. The option will vest in equal monthly installments over twelve (12) months from the date of grant, subject to Reporting Person continuing to provide service through each such date.

## Remarks:

/s/ Steve Forte, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

06/12/2023

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 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.