FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPF	PROVAL						
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

Name and Address of Reporting Person* Segal Lloyd Mitchell				2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) C/O REPARE THERAPEUTICS INC. 7210 FREDERICK-BANTING, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 04/15/2021									X below) below) President and CEO						
(Street) ST-LAU (City)	Street) ST-LAURENT A8 H4S 2A1			_	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X 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																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date, if any (Month/Day/Year		e,	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)				
Common Stock 04/15/202			021	1			S ⁽¹⁾		5,512	D	\$35.01	142,954			I	See Footnote ⁽³⁾			
Common Stock							5,000			D									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any		Co	ansa ode (ansaction of Derived (Instr. Derived (Instr. Derived (A)) District (Instr. Derived (A)) District (Instr. Derived (Instr. Deriv		osed) r. 3, 4	Expiration (Month/Daties ed		Date Am sy/Year) Sec Uni Del		ele and unt of urities erlying vative urity (Instr. d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)			
				Co	ode	v	(A)	(D)	Date Exer	e rcisable	Expiratio Date	n Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 31, 2020.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$35.00 to \$35.06, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 3. These securities are registered in the name of Arvala Inc. (f/k/a 3996953 Canada Inc., the "Company"). The Reporting Person is the sole stockholder of the Company.

Remarks:

/s/ Steve Forte, Attorney-in-

Fact

04/19/2021

** Signature of Reporting Person

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.