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. | | | | | | | |

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

| Name and Address of Reporting Person* Civik Thomas | | | Secusify of the infreshibit Company Act of 1949 2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
|---|---------|------------|--|--------|---|----|---|-------|--|------|---|------------------|---|---|---|------------|---|---------------------------------------|-------------|
| (Last) (First) (Middle) C/O REPARE THERAPEUTICS INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2021 | | | | | | | | Λ | | give title | | Other (s | · I | | | |
| 7210 FREDERICK-BANTING, SUITE 100 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) | RENT A | 8 | | | | | | | | | | | | X | | led by Mor | | orting Perso n One Repo | - 1 |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curities | s Acc | quired, I | Disp | - | | | | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | or 5. Amour Securitie Beneficia Owned F | | s ally ollowing | Form (D) or | 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 | е | Transact (Instr. 3 a | ion(s) | | | (111311. 4) |
| 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) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | ate, T | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amour or Number of Shares | er | | | | | |
| Stock Option (right to buy) | \$33.89 | 09/07/2021 | | | A | | 42,000 | | (1) | 0 | 9/07/2031 | Common Shares | 42,00 | 0 | \$0.00 | 42,000 | 0 | D | |

Explanation of Responses:

1. One-third (1/3rd) of the shares subject to the option shall vest on September 7, 2022, and one twenty-fourth (1/24th) 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.

Remarks:

/s/ Steve Forte, Attorney-in-Fact
** Signature of Reporting Person

09/09/2021

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).
- ** 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.