FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | | | | | | | | | | |

| | tion 1(b). | iuc. See | | Filed | | | | | | | es Exchang npany Act o | | 1934 | | | nours | per re | esponse: | 0.5 |
|--|--|----------|--|-------|--|---|------------------------------|-----------------|-----------------------|--|---------------------------|-------------|--------------|--|-------------|--|---|------------------------------------|-----|
| Name and Address of Reporting Person* SCHAFER CAROL | | | | | 2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX] | | | | | | | | | | k all app | nship of Reporting I applicable) Director | | p Person(s) to Issuer 10% Owner | |
| (Last) (First) (Middle) C/O REPARE THERAPEUTICS INC. 7210 FREDERICK-BANTING, SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2020 | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| (Street) ST-LAU | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | -/ | | | | | | | | | |
| (City) | (St | | Zip) | . D | 40 | | | | | D: | | | | | . 0 | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | tion 2A. Deemed Execution Date, | | 3. Transa Code (8) | ction Instr. | 4. Securition | es Acquired (A) or Of (D) (Instr. 3, 4 an | | or l and | 5. Amount of | | Forr (D) | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Shares 06/23/ | | | | | /2020 | | | P | | 8,000 | A | \$ | 20 | 8 | 8,000 | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | Transaction Code (Instr. 8) Se Ac (AA Di of (In an | | of Deriv | rative rities iired r osed) : 3, 4 | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | nt er | | 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) | | |

Explanation of Responses:

Remarks:

/s/ Steve Forte, Attorney-in-

Fact

** Signature of Reporting Person Date

06/25/2020

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.