FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C | . 20549 |
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| 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* RHOADS ANN D | | | | 2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [RPTX] | | | | | | | (Che | elationship oeck all applic | cable) or | g Pers | son(s) to Iss | | | | |
|--|--|------------|--------------------------------------|--|---|--|--------|---------------------------|--|--|---|---|---|----------------------|--|---------------------------------------|---------|---|--|
| (Last) (First) (Middle) C/O REPARE THERAPEUTICS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021 | | | | | | | | Officer below) | (give title | | Other (: below) | specify | | |
| 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 | H4S 2A1 | | | | | | | | 1 ' | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/D: | | | Execution Date, | | Code (Instr. 5) | | | 4 and Securition Benefici | | es For ially (D) Following (I) (| | orm: Direct 0) or Indirect 1 (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | Code | v | Amount | (A) or (D) | | Price | Transact | Transaction(s) (Instr. 3 and 4) | | | (11341.4) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) | | ate, Tr | ransaction of ode (Instr. Derivative | | ve es ed ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | C | ode V | , | (A) | (D) | Date Exercisab | | expiration pate | Title | or Nui of | ount mber ares | | | | | |
| Stock Option (right to buy) | \$32.44 | 05/13/2021 | | | A | | 21,000 | | (1) | 0 | 5/13/2031 | Common Stock | 21 | ,000 | \$0.00 | 21,000 |) | 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-05/14/2021 Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).