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FORM 4 UNITE				D STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549														APPRO	VAL	
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														3235-0287 n 0.5	
1. Name and Address of Reporting Person [*] Zinda Michael						2. Issuer Name and Ticker or Trading Symbol 5								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O REPARE THERAPEUTICS INC. 7210 FREDERICK-BANTING, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 11/23/2021									X Officer (give title Other (specify below) below) EVP, Chief Science Officer					
(Street) ST-LAURENT A8 H4S 2A1					_ 4.	Line) X Form fi									bint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting					
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
					VATIV saction /Day/Ye	a 2A. Deemed Execution Date, ear) if any			3. Transa Code	action	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			nd Se Be Ov	5. Amount of		Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Pri		Tra	Transaction(s) (Instr. 3 and 4)				(11311. 4)	
Common Shares 11/					23/202	21			М		4,122	2 A	\$1.	637	4,655			D		
					23/202	21			М		11,85	11,856 A		637	16,511			D		
Common Shares					11/23/2021				M		19,59		<u> </u>	062	· ·			D		
I						/2021					10,473 A			425				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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code 8)		of E		Expiratio	6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		Deriv Secu	ative rity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e Own s Form illy Direc or In- g (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	de V		(D)	Date Exercisal		Expiration Date	Title	Amour or Numbe of Shares	er						
Employee Stock Option (right to buy)	\$1.637	11/23/2021			М			4,122	(1)	()6/14/2027	Common Shares	4,12	2 \$0.	00	0		D		
Employee Stock Option (right to buy)	\$1.637	11/23/2021			М			11,856	(1)	1	2/04/2027	Common Shares	11,85	6 \$0.	00	0		D		
Employee Stock Option (right to buy)	\$2.062	11/23/2021			М			19,590	(2)	()3/29/2029	Common Shares	19,59	90 \$0.	00	35,260		D		
Employee Stock Option (right to buy)	\$2.425	11/23/2021			М			10,473	(3)	1	2/16/2029	Common Shares	10,47	73 \$0.	00	137,993	3	D		
Explanatio	n of Respon	ses:				,														

1. Fully vested and exercisable.

2. Twenty-five percent (25%) of the shares subject to the option vested on March 29, 2020, and one thirty-sixth (1/36th) of the remaining shares subject to the option vested or shall vest each month thereafter,

subject to Reporting Person continuing to provide service through each such date.

3. Twenty-five percent (25%) of the shares subject to the option vested on December 16, 2020, and one thirty-ninth (1/39th) 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:

<u>/s/ Steve Forte, Attorney-in-</u> <u>Fact</u>

12/06/2021

Date

** Signature of Reporting Person

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

 \ast 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.