FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*     Foley Todd						2. Issuer Name <b>and</b> Ticker or Trading Symbol Repare Therapeutics Inc. [ RPTX ]									ck all app	olicable) ctor		Person(s) to Issuer		
	t) (First) (Middle)  MPM CAPITAL  KENDALL STREET				03/1	3. Date of Earliest Transaction (Month/Day/Year) 03/12/2021									Officer (give title Other (speci below) below)					
(Street) CAMBR (City)	CAMBRIDGE MA 02142					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						
(=:9)				lon-Deriva	tive 9	Secur	rities /	Δ c n	uire	d Die	enosed of	or B	enefic	llei	v Own	ed				┥
Date				2. Transactio	n i	med on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)		l (A) or	5. Amount of		nt of s ally following	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(instr. 4)				
Common Shares 03/12					21				S		376,412(1)	D	\$28.	18	2,627,360		I		See Footnote <sup>(2)</sup>	)
Common Shares 03/15/2					21				J <sup>(3)</sup>		24,271	D	(3)	2,603		03,089		I	See Footnote <sup>(4)</sup>	)
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)	Execu	Deemed ution Date, y th/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (Ir	Price of erivative ecurity 1str. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficia Ownersh ct (Instr. 4)	ct al
					Code	v	(A) (	(D)	Date Exer	cisable	Expiration Date		Amount or Number of Shares							

## **Explanation of Responses:**

- 1. The shares were sold as follows: 363,887 by MPM BioVentures 2014, L.P. ("BV 2014") and 12,525 by MPM Asset Management Investors BV2014 LLC ("AM BV2014").
- 2. The shares are held as follows: 2,364,040 by BV 2014, 181,948 by MPM BioVentures 2014(B), L.P. ("BV 2014(B)") and 81,372 by AM BV2014. MPM BioVentures 2014 GP LLC and MPM BioVentures 2014 LLC ("BV LLC") are the direct and indirect general partners of BV 2014 and BV 2014(B). BV LLC is the manager of AM BV2014. Todd Foley is a managing director of BV LLC. The Reporting Person disclaims beneficial ownership of the securities except to the extent of his pecuniary interest therein.
- 3. Represents a pro rata in-kind distribution from BV 2014(B) to its limited partners for no consideration.
- 4. The shares are held as follows: 2,364,040 by BV 2014, 157,677 by BV 2014(B) and 81,372 by AM BV2014. The Reporting Person disclaims beneficial ownership of the securities except to the extent of his pecuniary interest therein.

## Remarks:

/s/ Todd Foley

03/15/2021

\*\* Signature of Reporting Person

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.