FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

						_		_		_			_	_					
Name and Address of Reporting Person*  Koehler Maria					2. Issuer Name and Ticker or Trading Symbol Repare Therapeutics Inc. [ RPTX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) C/O REF	`	(First) (Middle) RE THERAPEUTICS INC.				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							X Officer (give title below) Other (specify below)  EVP, CHIEF MEDICAL OFFICER						
						f Ame	ndment, I	Date o	of Original	Filed	(Month/Da	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable Line)					olicable
(Street) ST-LAURENT A8 H4S 1Z9				X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication													
						icate that a defense co							n or written p	olan tha	at is intended	to			
		Tab	ole I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefic	cially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			Code (	Transaction Code (Instr. 5)  Disposed Of (D) (Instr. 3, 4)			and Securities Beneficially Owned Follow		es ally Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
											Reported Transaction(s) (Instr. 3 and 4)			"	(Instr. 4)				
Common Shares 03/01/					1/202	4			A		14,000	) <sup>(1)</sup> A		\$ <del>0</del>	233,709			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. Deemed Execution Date if any (Month/Day/Ye	Date, Transaction Code (Ins.					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber					
Employee Stock Option (right to	\$6.95	03/01/2024			Α		85,000		(2)	0	2/28/2034	Common Shares	85,0	000	\$0	85,000	)	D	

## Explanation of Responses:

- 1. Represents a restricted stock unit ("RSU") award. Thirty-three and one third percent (33 1/3%) of the RSUs shall vest on each of March 1, 2025, March 1, 2026 and March 1, 2027, subject to Reporting Person continuing to provide service through each such date.
- 2. Twenty-five percent (25%) of the shares subject to the option shall vest on March 1, 2025, and one thirty-sixth (1/36th) 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.

/s/ Steve Forte, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

Date

03/04/2024

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

- $^{\star}$  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).

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.