FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Bonita David P						2. Issuer Name and Ticker or Trading Symbol Prelude Therapeutics Inc [PRLD]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/16/2023									Officer below)	(give title		Other (s	specify
C/O PRELUDE THERAPEUTICS INCORPORATED 200 POWDER MILL ROAD				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)					·	Form filed by More than One Reporting Person													orting
WILMINGTON DE 19803					Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ed to										
		Tab	le I - Non	-Deriv	ative	Se	curities	s Ac	quired, D	isp	osed c	of, or Be	nefici	ally	Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date			Code (Instr. 5)					5. Amou Securitie Benefici Owned F Reporte	es For ially (D) Following (I) (n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	unt (A) or (D)		е	Transac	Transaction(s) Instr. 3 and 4)			(111501. 4)				
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)	ative Conversion Date Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of Perivative Pecurity Pecurity Pecurity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amoun or Numbe of Shares	r					
Director Stock Option (Right to Buy)	\$5.56	06/16/2023			A		23,500		(1)	06/	/15/2033	Common Stock	23,50	0	\$0.00	23,500)	D ⁽²⁾	

Explanation of Responses:

- 1. The option award will fully vest upon the earlier of (a) the Issuer's next annual stockholder meeting, or (b) the one-year anniversary of the grant date, subject to the Reporting Person's provision of service to the Issuer on each vesting date.
- 2. Pursuant to an agreement with OrbiMed Advisors LLC and OrbiMed Capital GP VI LLC, the Reporting Person is obligated to transfer any securities issued under any such stock options or other awards, or the economic benefit thereof, to OrbiMed Advisors LLC and OrbiMed Capital GP VI LLC, which will in turn ensure that such securities or economic benefits are provided to OrbiMed Private Investments VI,

Remarks:

/s/ Laurent Chardonnet, Attorney-in-Fact

06/21/2023

** 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.