FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| | Check this box if no longer subject |
|---|-------------------------------------|
| ٦ | to Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Chardo (Last) | 1. Name and Address of Reporting Person* Chardonnet Laurent (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol Prelude Therapeutics Inc [PRLD] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2023 | | | | | | | | | ip of Reporti plicable) ctor er (give title w) Chief Fina | | 10% Ov Other (s below) | wner |
|---|--|-------|---------|------------|--|---|--|------|--|-------------------|--|--|----------------------|--|--|--|--|---|--|
| C/O PRELUDE THERAPEUTICS INCORPORATED 200 POWDER MILL ROAD (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lin | e) X Forr Forr | dividual or Joint/Group Filing (Check Applicable | | | | | |
| WILMINGTON DE 19801 (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication 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. | | | | | | | | | | | | | |
| | | Table | l - Noı | n-Deriva | tive Se | ecui | rities | Acq | uired, I | Disp | osed of | , or | Ben | efici | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if any | Deemed cution Date, ny nth/Day/Year) | | Transaction Disposed Code (Instr. and 5) | | ities Acquired (d Of (D) (Instr. 3 | | | Secur Benef Owne Follow | 5. Amount of Securities Beneficially Owned Following | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A (D | A) or () | Price | Trans | orted nsaction(s) tr. 3 and 4) | | | | |
| Common | 2023 | | | | P | | 5,000 | | A | \$ 5 . | 42,165 ⁽¹⁾ | | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | tion Date, | 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 | | d 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | |

Explanation of Responses:

1. The reported total includes 1,292 shares of common stock the reporting person has acquired since the date of his last ownership report through the issuer's Employee Stock Purchase Plan in one or more transactions exempt pursuant to Rules 16b-3(c).

Remarks:

/s/ Bryant D. Lim, as Attorney-in-Fact

05/25/2023

** Signature of Reporting Person Dat

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.