FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
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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

1. Name and Address of Reporting Person* <u>Lim Bryant David</u>	2. Date of Event Requiring Statement (Month/Day/Year) 02/20/2023 3. Issuer Name and Ticker or Trading Symbol Prelude Therapeutics Inc [PRLD]]		
(Last) (First) (Middle) C/O PRELUDE THERAPEUTICS INCORPORATED			4. Relationship of Reporting Issuer (Check all applicable) Director V Officer (give	10% Owner Other (specify below)		5. 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		
200 POWDER MILL ROAD	,		X title below) Chief Legal Counse					
(Street) WILMINGTON DE 19803						Form filed Reporting	by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)				3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. The or Security (Ilisti. 4)			. Amount of Securities eneficially Owned (Instr.)	Form: [(D) or li	Direct ndirect	Ownership (Instr.		
		rivative	eneficially Owned (Instr.	Form: [(D) or li (I) (Inst	Direct ndirect r. 5)			
		rivative warran	eneficially Owned (Instr.) Securities Beneficia	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	5. sion Ownership cise Form:		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Bryant D. Lim

02/22/2023

** 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 5 (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.