| SEC For | rm 4 FORM | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------|---|--|--|------------------------------------|-------|---|--------|---|--|---|--|---|---|--|--------------------------------------|--|--|
| | UNITEL | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | | | | |
| Sectio obligat | this box if no l n 16. Form 4 c tions may cont ction 1(b). | STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | HIP | Estim | OMB Number: 323 Estimated average burden hours per response: | | 3235-0287 n 0.5 | | | | | |
| 1. Name and Address of Reporting Person [*] Chardonnet Laurent | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Prelude Therapeutics Inc</u> [PRLD] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) C/O PRI | (Last) (First) (Middle) C/O PRELUDE THERAPEUTICS INCORPORATED | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | > | X Officer (give title Other (specify below) below) Chief Financial Officer | | | | | | | |
| 175 INNOVATION BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) WILMIN | NGTON I | TON DE 19805 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (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. | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deriv | ative Se | ecurities Ac | quire | d, Di | sp | osed o | of, o | r Bene | ficially | v Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | ction ay/Year) | 2A. Deemed Execution Date, if any (Month/Day/Yea | Cod | ansaction Dispos ode (Instr. | | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | | and 5) Securities Beneficially Owned Follo | | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Cod | ie V | | Amount | | (A) or (D) | Price | Price Reported Transaction((Instr. 3 and | | | | (Instr. 4) | | |
| | | | | | | urities Acquis, warrants | | | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, Tra | | nsaction de (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | Expiration Date (Month/Day/Year | | | | e and of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivativ Securitie Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | | |

| Employee Stock Option uy) \$4.59 O3/01/2024 A A I 150,000 I I O2/28/2034 Common Stock I S0.00 I I I | | | | | (/ | | | | | | | | | Transaction(s) | 4 | |
|--|------------------------------|---|------------|--|------|---|---------|-----|-----|------------|-------|--------------|--------|----------------|---|--|
| Stock Option (right to \$4.59 03/01/2024 A 150,000 (1) 02/28/2034 Common Stock 150,000 \$0.00 150,000 D | | | | | Code | v | (A) | (D) | | | Title | or Number | | | | |
| | Stock Option (right to | 1 | 03/01/2024 | | Α | | 150,000 | | (1) | 02/28/2034 | | 150,000 | \$0.00 | 150,000 | D | |

Explanation of Responses:

1. The stock option vests as to 25% of the total shares on March 1, 2025, and thereafter vests as to 1/48 of the total shares monthly until fully vested, subject to the Reporting Person's provision of service to the Issuer on each vesting date.

Remarks:

/s/ Laurent Chardonnet

03/04/2024

** 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.