FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|

| STATEMENT | OF | CHANGES | IN B | ENEFICI | ΑL | OWNERS | SHIP |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respense: | 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

| 1. Name and Address of Reporting Person* <u>Lim Bryant David</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Prelude Therapeutics Inc [PRLD] | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own | | | | |
|--|--|--|---|---|---|--------------------------------|--|------------------------------|---|--------------------------|--|--|---|---|-----|
| (Last) | , | irst) ERAPEUTICS I | (Middle) | 03 | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | X | below) | give title Legal Offi | Other below icer, Corp So | | |
| | | BOULEVARD | | | | | | | | oint/Group Fi | t/Group Filing (Check Applicable | | | | |
| (Street) WILMIN | IGTON D | E | 19805 | | | | | | | |) X | _ | • | Reporting Pers | - 1 |
| (City) | (S | tate) | (Zip) | _ R | 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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | to satisfy | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | • | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | ed (A) or str. 3, 4 and 5 | 5. Amoun Securities Beneficia Owned Fo | S F lly (lollowing (l | 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code V | Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | on(s) | | (11150.4) | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. Securities | | e s I (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Beneficial Ownership t (Instr. 4) | |
| | | | | | (Instr. 4) | | | | | | | | | | |
| Employee Stock Option (right to buy) | \$4.59 | 03/01/2024 | | A | | 150,000 | | (1) | 02/28/2034 | Common Stock | 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 Attorney-in-Fact

** 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.