FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-028											
	Estimated average burden											
II	hours per response:	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

Name and Address of Reporting Person* Bonita David P						2. Issuer Name and Ticker or Trading Symbol Prelude Therapeutics Inc [PRLD]							(Che	elationship eck all applic	able)	g Pers	on(s) to Issu	
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024								Officer below)	(give title		Other (s below)	pecify
C/O PRELUDE THERAPEUTICS INCORPORATED 175 INNOVATION BOULEVARD						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person				
(Street)				-									Form filed by More than One Reporting Person					
WILMINGTON DE 19805				K	Rule 10b5-1(c) Transaction Indication													
(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.													
		Tak	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired, D	ispos	sed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		Code (Ins	Transaction Code (Instr. 8) Disposed Of (D) 5)			s Acquired (A) or f (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		: Direct Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
											Code V	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
									uired, Dis , options,					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable ar Expiration Date (Month/Day/Year)		and	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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	Expira Date	ration	Title	Amount or Number of Shares					
Director Stock Option (Right to Buy)	\$3.9	06/14/2024			A		23,500		(1)	06/13/	3/2034	Common Stock	23,500	\$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, LP.

Remarks:

/s/ Krishna Vaddi, Attorney-in-

Fact

** Signature of Reporting Person Date

06/18/2024

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.