| SEC For | m 4 | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---|---|----------------------------------|-------------|---|-------------|----------------|---------------------------|----------------------------|--|---|--|--|--|---------------------------------------|
| FORM 4 UNITE | | | | TED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | NT OF CHANGES IN BENEFICIAL OWNER d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | ЧIР | Estima | OMB Number: 3235-0287 Estimated average burden hours per response: 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] | | | | | | | | | (Che | ck all applica Director | able) | , | | ner |
| (Last) (First) (Middle) C/O PRELUDE THERAPEUTICS INCORPORAT 200 POWDER MILL ROAD | | | | I | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2023 | | | | | | | | | X | below) | 0 | ive title Other (specif below) ef Financial Officer | | |
| (Street) WILMINGTON DE 19801 | | | | | Line) X For For | | | | | | | | | | Form file | l or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Non- | Deriva | tive Se | ecuritie | s Ac | cqui | ired, D | ispo | osed o | of, or l | Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date if any (Month/Day/Yea | | e, 1 | Code (Instr | | | | | 5. Amoun Securities Beneficial Owned Fo Reported | s Ily | Form | : Direct I Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | 6 | Code V Amount | | | A) or D) | Price | Transactio (Instr. 3 a | | | | instr. 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/Yea | Cod | saction e (Instr. | 5. Numb Derivativ Securitie Acquired or Dispo of (D) (In 3, 4 and | re ss I (A) sed str. | Exp | 6. Date Exercisable au Expiration Date (Month/Day/Year) | | | of Sec Under | urities lying tive S | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | e s dly g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | e V | (A) | (D) | Date Exe | te ercisable | Exp Date | piration te | Title | | Amount or lumber of Shares | nt (er | (Instr. 4) | | | |
| Employee Stock Option (right to buy) | \$7.2 | 02/07/2023 | | A | | 135,000 | | | (1) | 02/0 | 06/2033 | Comm Stocl | | 135,000 | \$0.00 | 135,0 | 00 | D | |

Explanation of Responses:

1. The stock option versts as to 25% of the total shares on February 7, 2024, 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

** Signature of Reporting Person

02/09/2023

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.