FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| 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* Vaddi Krishna | | | | 2. Issuer Name and Ticker or Trading Symbol Prelude Therapeutics Inc [PRLD] | | | | | | (Che | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|---|--|--|--|--------------------|-----|--|----|-----------------------|--|--|--|---|---------------------------------------|-------------|--|
| (Last) | | First) | (Middle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | Officer | give title | | Other (specification) | · | |
| C/O PRELUDE THERAPEUTICS INCORPORATED | | | | 10 | 07/20/2021 | | | | | | | President, CEO | | | | | |
| 200 POWDER MILL ROAD | | | | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | IGTON 1 |)F | 19803 | | | | | | | | | 1 1 | | ed by One I | Repor | ting Person | |
| | | <u> — — — — — — — — — — — — — — — — — — —</u> | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | r ei soii | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | 2. Transact Date Month/Day | Execution Date, | | Code (Instr. | | | | Beneficia Owned Fo | s Form ally (D) o ollowing (I) (In | | Direct I Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | Code V Amount (A) or Pri | | | | | r Price | Reported Transaction(s) (Instr. 3 and 4) | | | (| nstr. 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. Conversior or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Code | action (Instr. | on Derivative Expi | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Employee Stock Option (Right to Buy) | \$31.23 | 07/20/2021 | | A | | 285,800 | | (1) | 01 | 7/19/2031 | Common Stock | 285,800 | \$0.00 | 285,800 | 0 | D | |

Explanation of Responses:

1. The stock option vests as to 25% of the total shares on July 20, 2022, 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/ Brian Piper, Attorney-in-Fact 07/22/2021

** 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.