

## PRAXIS PRECISION MEDICINES, INC.

# Reported by **KELLY TIMOTHY EDWIN**

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 11/21/25 for the Period Ending 11/14/25

Address 99 HIGH STREET, 30TH FLOOR

**BOSTON, MA, 02110** 

Telephone 617-300-8460

CIK 0001689548

Symbol PRAX

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31

## FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
☐ Check this box to indicate

☐ 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.

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person –					2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Valle Timath	Edi.			P	ravio	Preci	ision Me	dic	ines.	Inc []	PR A	`	Check all app	incable)			
Kelly Timothy Edwin					Praxis Precision Medicines, Inc. [ PRAX							•	Director 10% Owner				
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								_X_ Officer (give title below) Other (specify below)				
,			,									•	Chief Financi	ial Office	r		
C/O PRAXIS	S PRECI	SION					11/1	4/20	025								
MEDICINES	S, INC., 9	9 HIGI	H STRE	EET,													
<b>30TH FLOO</b>	R																
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							(Y)	6. Individual or Joint/Group Filing (Check Applicable Line)				
DOCTON MA 02110													W. F. Cl. H. O. D. C. D.				
BOSTON, MA 02110					-								X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	ity) (Star	te) (Zip	p)														
			Table I -	- Non-De	rivati	ive Secu	rities Aco	mire	-d Die	nosed of	f or l	Renef	ficially Owne	d			
1.Title of Security				Trans. Date	_	Deemed	3. Trans. Co		,	rities Acqu			Amount of Securit		ally Owned	6.	7. Nature
(Instr. 3)				Trans. Date	Execution Date, if any (Instr. 8)				or Disposed of (D)			Fol	ollowing Reported Transaction(s)			Ownership of Indirect	
					Date,	, if any		(Instr. 3,		, 4 and 5)		(Ins	Direct (D) Own				
										(A) or						or Indirect (I) (Instr.	(Instr. 4)
							Code	V	Amour	. ,	Pric	e				4)	
Common Stock 11/14/202				11/14/2025			<b>A</b> (1)		384	A	\$31.6	52			24,663	D	
	Tab	le II - Der	ivative S	Securities	Bene	eficially	Owned (e	e.g.,	puts,	calls, wa	rran	ts, op	tions, conver	tible secu	rities)		
Title of Derivate     Security	2. Conversion	3. Trans. Date	3A. Deeme Execution				er of e Securities				7. Title and Securities U				9. Number of derivative	10. Ownership	11. Nature of Indirect
(Instr. 3)	or Exercise	Date	Date, if an		Acquired Disposed (Instr. 3,		(A) or	ana .	•			ative S	security Security		Securities	Form of	Beneficial
	Price of Derivative										(Instr. 3 and		4) (Instr. 5)		Beneficially Owned	Derivative Security:	Ownership (Instr. 4)
	Security														Following Reported	Direct (D) or Indirect	
				Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amou Shares	nt or Number of		Transaction(s) (Instr. 4)		
	L	L	1				1 \ /				L	L			//	1 /	

#### **Explanation of Responses:**

(1) These shares were acquired under the Praxis Precision Medicines, Inc. Employee Stock Purchase Plan in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c).

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kelly Timothy Edwin							
C/O PRAXIS PRECISION MEDICINES, INC.			Chief Financial Officer				
99 HIGH STREET, 30TH FLOOR			Ciliei Filianciai Officer				
BOSTON, MA 02110							

### **Signatures**

/s/ Alex Nemiroff, as Attorney-in-Fact

11/21/2025

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.

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