FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
---------------	------------

heck this box if no longer subject
Section 16. Form 4 or Form 5
bligations may continue. See
etruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Xynos Konstantinos				2. Issuer Name and Ticker or Trading Symbol Replimune Group, Inc. [REPL]										all app	tor	ng Per	10% O	vner	
(Last)	(Fir	st) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024								X	Officer (give title below) Chief Medica		lical (Other (specify below)	
500 UNICORN PARK DRIVE, SUITE 303				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WOBURN MA 01801														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) 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 in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												n that is inte	nded to						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	juired,	, Dis	posed of	or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				y/Year) Exec		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3,		4 and Se Be Ov		. Amount of Securities Seneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	nt (A) or (D)		•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/16/2				2024				S		6,367(1)	D	\$6.4	17 ⁽²⁾ 13		133,012		D		
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)	if any	emed tion Date, n/Day/Year)	4. Transactio Code (Inst		of Deriv	r osed) r. 3, 4	Expiration (Month/less d			Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Represents shares of the Issuer's common stock (the "Shares") sold to cover tax withholding obligations in connection with the partial vesting of the Reporting Person's Restricted Stock Units ("RSU"). The transaction reported herein was made in accordance with the irrevocable "sell to cover" provision set forth in the award agreements under which the RSUs were granted and does not represent a discretionary sale by the Reporting Person.
- 2. The price reported reflects a weighted average price of the Shares. The Shares were sold in multiple transactions at prices ranging from \$6.46 to \$6.56 per Share. The Reporting Person will provide to the Issuer, any security holder of the Issuer or the Securities Exchange Commission staff, upon request, information regarding the number of Shares sold at each price within the range.

/s/ Shawn Glidden, attorney-

in-fact

** Signature of Reporting Person Date

05/20/2024

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.