FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

			, .	
Washington	DC2	0549		

OMB APPROVAL										
OMB Number:	3235-0287									
	because of									

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 that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed i

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
	Estimated average burden				
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5			
or Section 30(h) of the Investment Company Act of 1940					

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Hill Emily Luisa				2. Issuer Name and Ticker or Trading Symbol Replimune Group, Inc. [REPL]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner Officer (give title Other (spe					vner		
(Last) (First) (Middle) C/O REPLIMUNE GROUP, INC. 500 UNICORN PARK DRIVE, SUITE 303				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2024								Officer (give title Other (specify below) Chief Financial Officer							
(Street) WOBUR (City)	EN MA	A 0	1801 Zip)		4. If A	Amend	ment,	Date o	of Origin	nal File	ed (Month/Da	y/Year		. Indiv ine)	Form	filed by One filed by Mo filed by Mo	e Rep	orting Perso	on
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		,	3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D)					nd 5) Securi Benefi Owned		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/16/20	024				S		8,938(1)	D	\$10.1	8(2)	2) 101,057			D	
		Tal	ble II								osed of, convertib)wne	d			
1. Title of Derivative Conversion Security (Instr. 3) Price of Derivative Security 1. Title of Conversion Date Date (Month/Day/Year) 2. Conversion Date Execution Date, if any (Month/Day/Year)				saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		8. Price Derivative Security (Instr. 5)		derivative Securities	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

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 \$10.18 to \$10.20 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-

08/19/2024

in-fact

** 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.