FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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 | nd Address o n Ian Mic | f Reporting Person* chael | | | | | | | | | Symbol [SRPT] | | | | all app Direc | | ng Per | 10% Ov | wner |
|--|--|--|---|----------------------|---|---|-----------------------------|--|----------------|---|-----------------|--|--|--|--|--------------------------------------|---|--------------------|---------|
| (Last) | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024 | | | | | | | | X | Officer (give title below) Chief Financi | | ncial | Other (s below) | specify |
| SUITE 415 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CAMBRIDGE MA 02142 | | | | | | | | | | | | | X | 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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secu | rities | Acc | quired | l, Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Executy/Year) if any | | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Sed Bei Ow | | curities neficially ned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Report Trans (Instr. | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/04/2 | | | | | 024 | | | F | | 1,389(1) | D | \$125 | 5.32 3 | | 7,725 | | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | ired r osed) r. 3, 4 | Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Shares were sold by the Company to satisfy tax withholding obligations related to vesting of restricted stock units granted on March 3, 2021.

/s/ Ryan Brown, as Attorneyin-Fact for Ian Estepan

03/06/2024

** 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.