FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549		

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

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

OMB APPROVAL						
OMB Number:	3235-0287					
OMB Number: 3235-0287 Estimated average burden						
hours nor roomanas	umber: 3235-0287 ed average burden					

	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 defense conditions of Rule 10b5-
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Instruction 1(b).

1. Name and Address of Reporting Person* BEHRENS M KATHLEEN			2. Issuer Name and Ticker or Trading Symbol Sarepta Therapeutics, Inc. [SRPT]						(Chec	5. Relationship of Reporting Person(s) to Issue (Check all applicable)										
											1	Direc			10% O					
(Last) 215 FIRST S	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/04/2024					Officer (give title Other (specify below) below)					specify				
	SIKEEI	L																		
SUITE 415					4. If A	mendm	nent, E	Date of	Origina	l Filed	l (Month/Da	y/Year)		ividual o	Joint/Grou	p Filin	ng (Check A	pplicable	
(Street)														Line)	Form	filed by On	e Ren	orting Pers	on	
CAMBRIDO	GE M	A 0	2142													filed by Mo		•		
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - Noi	n-Deriva	tive S	Securi	ities	Acq	uired,	Dis	oosed of	, or E	Bene	ficially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5, 4 and Securitie Beneficia		ies Forn ially (D) of Following (I) (II		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)							
									Code	v	Amount	(A) (D)	or I	Price	Transaction(s) (Instr. 3 and 4)				(
Common Sto	ock			09/04/	2024				G		746	I)	\$0 ⁽¹⁾	19	1,093		D		
Common Sto	ock														10	0,000		I	By Trust	
		Tal									sed of,				Owne	d	,			
				(e.g., pu	ts, ca	ılls, w	/arra	nts,	option	ıs, c	onvertib	le se	curit	ies)						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative rities ired sed	6. Date Exercisa Expiration Date (Month/Day/Yea		te Amount of		De Se (In	curity curity str. 5) Beneficial Owned Followin Reported	Following Reported Transactio	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Date		Expiration		Amo or Num of								

(A) (D) Exercisable Date

Explanation of Responses:

1. Represents a charitable gift by the Reporting Person.

/s/ Ryan Brown as Attorneyin-Fact for M. Kathleen

Title Shares

09/05/2024

Behrens

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code V

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.

^{*} 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).