FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. 20549 | |
|-------------|------------|--|
| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| houre per reenonce: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Nicaise Claude | | | | | 2. Issuer Name and Ticker or Trading Symbol Sarepta Therapeutics, Inc. [SRPT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---------------|------------------------|--------------------|--|--|---|--------------|--|---------------------|-----------------------------|--|-------------------------|---|---|---|--|---------------------------------------|------|--|
| (Last) | | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | X Direct Office below | r (give title | | 10% Ow Other (s below) | · | | |
| 215 FIRST STREET SUITE 415 | | | | 4. l | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | IDGE N | Л А | 02142 | | D | ر مار | 10h <i>E</i> | 1(0) | Trans | - oti | on Inc | lication | | Form Perso | | e than | One Repor | ting | |
| (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. | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | vative | Se | curitie | s Ac | quired, l | Disp | osed o | of, or Be | neficia | Ily Owne | d | | | | |
| Date | | | saction /Day/Ye | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Dispose Code (Instr. 5) | | ities Acqui d Of (D) (In | red (A) or str. 3, 4 a | Benefic Owned | es ially Following | Form: | : Direct C Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reporte Transac (Instr. 3 | tion(s) | | | (| | |
| Common Stock 03/01/ | | | | 1/202 | /2024 | | A | | 1,84 | 6 A | \$0 | 18,174 | | | D | | | | |
| | | 1 | | | | | | | uired, Di | | | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) | | Execution Date, if any | | 4. Transaction Code (Instr 8) | | 5. Number of Of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an Amount of Securities Underlyin Derivative (Instr. 3 and | f s g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$128.67 | 03/01/2024 | | | A | | 3,679 | | 03/01/2025 | 03 | 3/01/2034 | Common Stock | 3,679 | \$0 | 3,679 | | D | | |

Explanation of Responses:

1. The Reporting Person was granted restricted stock units ("RSUs"). Each RSU represents the right to receive one share of common stock. The RSUs will vest in full on March 1, 2025.

/s/ Ryan Brown, as Attorneyin-Fact for Claude Nicaise

03/05/2024

** Signature of Reporting Person

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

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).