FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT | OF CHA | NGES IN | BENEFICIAI | L OWNERS | HР |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 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* CD ANALAMA DAY, A NAM. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sarepta Therapeutics, Inc. [SRPT] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|---|---------|---|--|---------|------|---|-----|-------------------------------------|-------------------------------------|-------------------------------|--|---|--|---|--|---------------------------------------|
| GRAY MARY ANN | | | | | 150 | | | | | | | | | X | Directo | or | | 10% O | wner |
| (Last) 215 FIRS | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2021 | | | | | | | | | Officer below) | (give title | | Other (sbelow) | specify |
| (Street) | IDGE M | A | 02142 | | 4. If | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person | | | | | |
| (City) | | | (Zip) | | | Form filed by Mo Person | | | | | | | | | e thar | n One Repo | orting | | |
| (Oity) | | | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | e Se | curitie | s Ac | quired, | Dis | posed o | of, or E | enefi | cially | Owned | t | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Code (Instr. 5) | | iired (A) nstr. 3, | , 4 and Securit Benefic Owned | | ies Fore | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) or (D) Pr | | rice | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 03/0 | | | 03/03 | /2021 | 2021 | | A | | 2,726 A \$ | | $0.00^{(1)}$ | 8, | 8,436 | | 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) | 3A. Deemd Execution if any (Month/Da | Date, | i. Fransaction Code (Instr. I) | | n of E | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount Securitie Underlyi Derivativ | | | | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | , | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amo or Nun of Sha | | | | | | |
| Stock Option (right to | \$87.11 | 03/03/2021 | | | A | | 5,518 | | 03/03/202 | 2 0 | 3/03/2031 | Commo Stock | ⁿ 5,5 | 518 | \$0.00 | 5,518 | | 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 3, 2022.

Remarks:

/s/ Ryan Brown, as Attorneyin-Fact for Mary Ann Gray

03/05/2021

** 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.