SEC For					-						Volte		00							
FORM 4 UNI				INITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
Instruc	tion 1(b).			File					a) of the Se Investmen				f 1934	Ļ			P			
1. Name and Address of Reporting Person [*] Xynos Konstantinos					2. Issuer Name and Ticker or Trading Symbol <u>Replimune Group, Inc.</u> [REPL]									(Che	eck all applic Directo	able)	1		vner	
(Last) (First) (Middle) C/O REPLIMUNE GROUP, INC.						3. Date of Earliest Transaction (Month/Day/Year) A below)										(give title Other (specify below) hief Medical Officer				
500 UNICORN PARK DRIVE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Jo Line)										oint/Group Filing (Check Applicable				
(Street) WOBUR	N M	A	01801			Fo										rm filed by One Reporting Person rm filed by More than One Reporting rson				
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						Chec satist	k this box fy the affirr	to ind native	licate that a t defense co	transa nditior	iction was m ns of Rule 1	ade purs 0b5-1(c).	suant to See Ir	a contra struction	act, instruction 1 10.	n or written	plan th	at is intended	i to	
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or E	Bene	ficiall	y Owned					
Date				2. Trans Date (Month/		ear) I	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		A) or 8, 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D) or)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 04/0					1/202	/2023			Α		50,000	50,000 ⁽¹⁾ A		\$ <mark>0</mark>	120,798			D		
		-	Table II -						uired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Ni of	umber						
Employee Stock Option (right to buy)	\$17.66	04/01/2023			A		75,000		(2)	0	04/01/2033	Commo Stock		5,000	\$0	75,00	0	D		
•	n of Respons								"DELL-")		4.5			1 DOL					1	

1. Represents shares of the Issuer's common stock issuable upon settlement of restricted stock units ("RSUs") granted to the Reporting Person. Each RSU represents a contingent right to receive one share of the Issuer's common stock. 25% of the RSUs will vest on May 15, 2024 and the remainder will vest in three approximately equal annual installments thereafter until May 15, 2027, subject to the Reporting Person's continuous service to the Issuer.

2. 25% of the shares underlying this stock option vest on April 1, 2024, and the remainder of the shares underlying this stock option vest in 36 approximately equal monthly installments thereafter.

/s/ Jean Franchi, attorney-in-04/04/2023

** Signature of Reporting Person Date

fact

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.