SEC For	m 4 FORM	Л	UNITE	רא ר	ΔΤ⊏«	5 6		ודו	=S AN		ТСНУ			ММ	SSION				
		4				55			ngton, D.0								OMB	B APPRO	VAL
Section 16. Form 4 or Form 5 obligations may continue. See				T OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
Instruc	tion 1(b).			F	or	r Sec	tion 30(h)	of the	Investme	ent Co	ties Exchai mpany Act						_		
						2. Issuer Name and Ticker or Trading Symbol <u>Replimune Group, Inc.</u> [REPL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (give title Other (specify below) below)				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021														
(Street) BOSTON MA 02199					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)		-										X Person				
		Tak	ole I - Noi	n-Deri	ivativ	e S	ecuritie	s Ac	quired	, Dis	posed o	of, or I	Bene	ficial	ly Owned	I			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/						2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.			ies Acquired (A) Of (D) (Instr. 3, 4		5. Amour Securitie Beneficia Owned F Reported	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code		Amount	(D	')	Price	Transact (Instr. 3 a	ion(s)			(
			Table II -								osed of converti				Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Instr		n of I		6. Date Exercisable an Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	re es ally g d tion(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or NL of	ımber					
Stock Option (Right to Buy)	\$31.58	04/01/2021			A		16,500		(1)		(1)	Comm Stocl		6,500	\$0.00	16,500	ე ⁽¹⁾	D ⁽¹⁾	
1. Name a	nd Address of	Reporting Person [*]	•			<u> </u>	1		<u> </u>			<u> </u>			1	<u> </u>		I	1
(Last) 888 BO	ISTON S	(First) TREET	(Midd	lle)															
(Street) BOSTO	N	MA	0219)9															
(City)		(State)	(Zip)																
	nd Address of Fund IV	Reporting Person [*] <u>GP, L.P.</u>	*																
(Last) 888 BO	YLSTON S	(First) TREET	(Midd	lle)															
(Street) BOSTON MA 02199																			
(City)		(State)	(Zip)																
		Reporting Person [*] G.P. Manage																	
(Last) 888 BO	YLSTON S	(First) TREET	(Midd	lle)															
(Street) BOSTO	N	МА	0219)9															

(State)

(City)

(Zip)

1. Name and Addr Stampacchia	ess of Reporting Perso <u> a Otello</u>	'n*	
(Last)	(First)	(Middle)	
888 BOYLSTO	ON STREET		
(Street)			
BOSTON	MA	02199	
(City)	(State)	(Zip)	
1. Name and Addr Paster Anne	ess of Reporting Perso <u>-Mari</u>	n*	
(Last)	(First)	(Middle)	
888 BOYLSTO	ON STREET		
(Street)			
BOSTON	MA	02199	
(City)	(State)	(Zip)	

Explanation of Responses:

1. The Common Stock Options (the "Options") were granted to Otello Stampacchia in his capacity as a director of the issuer on April 1, 2021 (the "Grant Date"), with the Options vesting on the first anniversary of the Grant Date. The Options expire on the tenth anniversary of the Grant Date. The Options are held directly by Mr. Stampacchia.

Remarks:

<u>/s/ Anne-Mari Paster, as an</u> authorized signatory of each <u>Reporting Person</u>

04/05/2021

** Signature of Reporting Person Date

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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

** 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.