Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
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37 Estimated average burden hours per response: 0.5

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|--|---|--|---|---|---|--|--------------|-----------------------------|--|-----|--------|--|---|--------------------------------------|--|---|-----------------------------------|---|---------------------------------------|
| Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol Replimune Group, Inc. [REPL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Esposito Pamela</u> | | | | | Trekament Growk) mer [mar 1] | | | | | | | | Directo | ctor | | 10% Ov | · · | | |
| | | | | | | 2. Data of Farliagt Transaction (Month/Day/Vear) | | | | | | | | - : | X Officer below) | | | Other (s | specify |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2018 | | | | | | | | Chief Business Officer | | | | | | |
| 18 COMMERCE WAY | | | | | | | | | | | | | mer busi | ilicoo · | Officer | | | | |
| (Chrosh) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) WOBURN MA 01801 | | | | | | | | | | | | | - 1 | X Form filed by One Reporting Person | | | | | |
| WOBURN MA 01801 | | | | | | | | | | | | 1 | Form filed by More than One Reporting | | | | | | |
| | | | | | | | | | | | | | | | Person | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriva | ative S | ecurit | ties Ac | quire | l, Dis | spo | sed of | f, or | r Ben | eficiall | y Owned | I | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | Coc | Transaction Code (Instr. | | | | | (A) or . 3, 4 and | Securitie Benefici | . Amount of ecurities eneficially wence Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | e V | A | Amount | | (A) or (D) | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| Common Stock 12/13 | | | | | /2018 | | | М | м 87,000 А | | \$1.75 | 87 | 7,000 | | D | | | | |
| | | - | Table II - | Derivati (e.g., pu | | | | | | | | | | | 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 Date, if any (Month/Day/Year) | Date, Tr | ansaction ode (Instr. | of Deri Sec Acq (A) of Disp | 5. Number of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4) | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | 1 | | | | | | | | | | | Amount | | | | | 1 |

Explanation of Responses:

\$1.75

Employee Stock Option

(right to buy)

1. The reporting person was granted a stock option to acquire 196,162 shares of the Issuer's common stock, subject to vesting. 134,846 shares underlying the stock option have vested with the remaining 61,316 shares underlying the stock option to vest in 15 equal monthly installments as of the 29th of each month.

Date

Exercisable

(1)

(A) (D)

87,000

/s/ Robert Coffin, attorney-in-

or Number

of Shares

87,000

\$0

fact

Expiration

03/01/2026

Date

Title

Commor

Stock

** Signature of Reporting Person

Date

12/17/2018

109,162

D

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).

12/13/2018

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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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.