FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 OMB Number: 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					1																
Name and Address of Reporting Person* Krummel Thomas M							2. Issuer Name and Ticker or Trading Symbol PROCEPT BioRobotics Corp [PRCT]									5. Relationship of Reporting Perso (Check all applicable) Director			vner		
(Last)	(F	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2024										(give title		Other (s			
C/O PROCEPT BIOROBOTICS CORPORATION 150 BAYTECH DRIVE							4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															Form filed by One Reporting Person Form filed by More than One Reporting						
l` ′	SAN JOSE CA 95134				Rı	Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					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.												d to				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						ar) i	A. Deemed execution Date, fany Month/Day/Year)		Cod	Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			Benefici Owned I	es ally Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Cod	v	Amount	(A (D) or)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)			
Common Stock 06/04/						/2024					1,376	1,376 ⁽¹⁾ A		\$0	47	47,007		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. Deeme Execution if any (Month/Da	Date,	ate, Transa Code (6. Date Expirati (Month/	on Dat		Amoun Securit Underly Derivat	7. Title and Amount of Securities Underlying Derivative Security Instr. 3 and 4)		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 t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	O N O	lumber							
Stock Option (Right to Buy)	\$67.29	06/04/2024			A		2,526		(2)		06/03/2034	Commo		2,526	\$0	2,526		D			

Explanation of Responses:

- 1. These securities are restricted stock units (RSUs). Each RSU represents a contingent right to receive one share of Common Stock. The securities shall vest in full on the earlier to occur of (i) the one-year anniversary of the grant date, and (ii) the date of the next annual meeting following the grant date, subject to continued service through the applicable vesting date.
- 2. The Stock Option was granted on June 4, 2024 and vests in full on the earlier to occur of (i) the one-year anniversary of the grant date, or (ii) the date of the next annual meeting following the grant date, subject to continued service through the applicable vesting date.

Remarks:

/s/ Jonathan Stone, Attorney -

in-Fact for Thomas M. **Krummel**

06/06/2024

** 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.