FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-									
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

1. Name and Address of Reporting Person* Dodrill Amy M.						2. Issuer Name and Ticker or Trading Symbol PROCEPT BioRobotics Corp [PRCT]								(Ch	Relationship of Reporting Person (Check all applicable) X Director				suer
(Last)	•	ŕ	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Officer below)	(give title		Other (s below)	specify	
C/O PROCEPT BIOROBOTICS CORPORATION 900 ISLAND DRIVE					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) REDWO	OOD C	A :	94065		Bul	Dula 10hE 1(a) Transaction Indication							Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)		 (Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst													
		Tabl	e I - Nor	n-Deriv	ative	Sec	uritie	s Ac	quired,	Disp	osed (of, or	Ben	eficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a			and Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		A) or D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 06/15/2				2023			A		2,711 ⁽¹⁾ A		\$0	0 4,712			D				
		Ta							uired, D s, option						/ Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Executior if any (Month/Day/Year)		Date, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		opiration	Title	OI N Of	umber					
Stock Option (Right to	\$35.09	06/15/2023			A		4,865		(2)	06	6/14/2033	Comm Stock		1,865	\$0	4,865		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 15, 2023 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/ Alaleh Nouri, Attorney-in-Fact for Amy Dodrill

06/16/2023

** 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.