1. Name and Address of Reporting Person*
   GORDON CARL L
   C/O ORBIMED ADVISORS LLC
   601 LEXINGTON AVENUE, 54TH FLOOR
   NEW YORK, NY 10022

2. Issuer Name and Ticker or Trading Symbol
   Prevail Therapeutics Inc. [ PRVL ]

3. Date of Earliest Transaction (Month/Day/Year)
   06/17/2020

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   - Director
   - 10% Owner
   - Officer (give title below)
   - Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   - Form filed by One Reporting Person
   - Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>A</th>
<th>Amount (A)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>17,000</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount (A)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>17,000</td>
<td>(i) 06/17/2030</td>
<td></td>
<td>Common Stock</td>
<td>17,000</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. This option was granted to the Reporting Person pursuant to the Issuer’s non-employee director compensation policy. The shares underlying the option vest and become exercisable on the earlier of (i) June 17, 2021 and (ii) the date immediately prior to the Issuer’s next annual meeting of stockholders following the grant date, in each case, subject to the Reporting Person’s continued service as a director through such date.

Remarks:

/s/ Alison Haggerty, Attorney-in-Fact
06/19/2020

** 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).

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.