Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response:	0.5									

				or Section 30(n) of th	ie irives	ımenı	Company Ac	1 01 1940					
1. Name and Address of Reporting Person* Horn Margaret A (Last) (First) (Middle)				2. Issuer Name and Revolution Me			0 ,		ationship of Reportir (all applicable) Director Officer (give title below)	10% (Owner (specify		
(Last)	3. Date of Earliest Transaction (Month/Day/Year)						Chief Operating Officer						
C/O REVOLUTION MEDICINES, INC.				10/31/2022						. 3			
700 SAGINAW DRIVE													
(Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)						dividual or Joint/Group Filing (Check Applicable					
REDWOOD	3							Form filed by One Reporting Person					
CITY								Form filed by More than One Reporting Person					
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
Date			2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
					Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock 10/31/202					S ⁽¹⁾		17,767	D	\$20.4053(2)	17,767	I	Trust ⁽³⁾	
Common Stock										62,512 ⁽⁴⁾	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned													

(e.g., puts, calls, warrants, options, convertible securities) 14. 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 3. Transaction

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)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

- 1. Transaction made pursuant to a 10b5-1 trading plan adopted by the Reporting Person.
- 2. This transaction was executed in multiple trades in prices ranging from \$20.22 to \$20.81, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- 3. Held by Margaret A. Horn Revocable Living Trust.
- 4. Includes 43,325 Restricted Stock Units.

/s/ Jack Anders, as Attorneyin-fact for Margaret Horn

11/02/2022

** 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.