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

Washington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
hours per response	e· 0.5									

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

.(0). 0.	ee mshuchon																		
Name and Address of Reporting Person* Cislini Jeff					2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CISIIII	<u>JC11</u>											-			Direc	tor		10% Ov	vner
-														1	Office below	er (give title v)		Other (s	specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								General Counsel					
C/O REVOLUTION MEDICINES, INC.					09/16/2024										General				
700 SAGINAW DRIVE																			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
REDWO	OD													Line) Form filed by One Reporting Person					
CITY	C.	A 9	4063											Form filed by More than One Reporting					
												Person							
(City)	(S	tate) (Ž	Zip)																
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	d, Dis	sposed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/				Execution Date, Year) if any		·	3. 4. Securities Acquired (A) Transaction Code (Instr. 2, 4					and 5) Secur Benef		cially	Forn (D) c	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial		
						n/Day/Y	rear)	8)					Own Rep		d Following ted	(I) (Ir		Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			,
Common Stock 09/16/20					024				S ⁽¹⁾		1,454	D	\$44.1	1.1853		5,634(2)		D	
		Tal	ble II	- Derivati	ve Se	curit	ties A	Acqu	ıired,	Disp	osed of,	or Be	neficia	ılly (Owne	d		<u> </u>	
				(e.g., pu	ıts, ca	alls, v	warra	ants,	, opti	ons,	convertib	le se	curities	s)					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price Derivati Security (Instr. 5		tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

- 1. Transaction made pursuant to a Rule 10b5-1 instruction letter adopted on May 31, 2023 to satisfy the Reporting Person's tax withholding obligation upon the vesting of restricted stock units ("RSUs") after July 15, 2023.
- 2. Includes 40,209 restricted stock units.

/s/ Jack Anders, as Attorneyin-fact for Jeff Cislini

09/18/2024

** 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.