FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
hours ner 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

								· /											
Name and Address of Reporting Person* Anders Jack					2. I Re	2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]								eck all D	tionship of Reporting all applicable) Director			10% Ov	
(Last)		irst) N MEDICINES,	(Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023								(give title hief Finar	Other (below) ncial Officer		specify
700 SAGINAW DRIVE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicabline) X Form filed by One Reporting Person					
(Street) REDWO	DWOOD CA 94063												Form filed by More than One Reporting Person						
					_ R	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)				X						ansaction was i ditions of Rule				tructio	on or written	plan th	hat is intende	d to	
		Tab	le I - N	lon-Der	ivativ	e Sec	curit	ties A	cquire	d, D	isposed o	f, or B	eneficial	ly Ow	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of					Benefic Owned		es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tra	insac	orted nsaction(s) tr. 3 and 4)			(Instr. 4)	
Common Stock 09/01/202						3			M ⁽¹⁾		20,000	A	\$2.68	58 75,		,094(2)		D	
Common Stock 09/01/202					2023	23		S ⁽¹⁾		20,000	D	\$35.0546	(3)	55,094 ⁽²⁾			D		
		-	Table I						•	,	posed of, , converti		,	Own	ed				
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. Transa Code (8)			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 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 Exerci	isable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$2.68	09/01/2023			M ⁽¹⁾			20,000	08/16	/2022	09/26/2028	Commor Stock	20,000	\$()	42,201	L	D	

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ adopted\ on\ March\ 27,\ 2023.$
- $2.\ Includes\ 44,276\ restricted\ stock\ units.$
- 3. This transaction was executed in multiple trades in prices ranging from \$35.00 to \$35.24, 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.

/s/ Jack Anders

09/06/2023

** 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.