FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-										
	Estimated average burden										
- 1	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* Horn Margaret A						2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	ast) (First) (Middle) /O REVOLUTION MEDICINES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/31/2023							X Officer (give title Other (specify below) Chief Operating Officer					
700 SAGINAW DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) REDWOOD CITY CA 94063				X Form filed by One Reporting Person Form filed by More than One Reporting Person															
					_ R	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)				X	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - I	Non-Deri	vativ	e Sec	curit	ties Ad	quire	ed, D	isposed o	f, or Bo	eneficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						Execution Date,				Acquired (A) or f (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Followir		6. Ownershi Form: Direct (D) or Indiret (I) (Instr. 4)		Ownership			
									Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 08/31/202					2023	23		M ⁽¹⁾		10,000	A	\$4.09	109),474 ⁽²⁾	D				
Common Stock 08/31/202				2023	23		S ⁽¹⁾		10,000	D	\$34.0458	99	,474 ⁽²⁾	D					
		7	Table							,	posed of, , converti		•	Owned					
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. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$4.09	08/31/2023			M ⁽¹⁾			10,000	03/13	3/2023	03/12/2029	Commor Stock	10,000	\$0	108,30)2	D		

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ March\ 29,\ 2023.$
- $2.\ Includes\ 70{,}738\ restricted\ stock\ units.$
- 3. This transaction was executed in multiple trades in prices ranging from \$34.00 to \$34.08, 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, as Attorney-infact for Margaret Horn 09/01/2023

** 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.