FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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).

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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Anders Jack					Revolution Medicines, Inc. [RVMD]								1	Director			10% Owner		
														1	Office	er (give title		Other (s	specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024								Chief Financial Officer					
C/O REVOLUTION MEDICINES, INC. 700 SAGINAW DRIVE																			
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
REDWOOD CA 94063											٦	Form filed by One Reporting Person							
CITY	CA	CA 94003													Form	filed by Mo	re tha	n One Repo	orting
(O:t-1)	City) (State) (Zip)														1 0130	JII			
(City)	(51	ate) (2	Zip)		<u> </u>														
		Table	I - N	on-Deriva	tive S	Secui	rities	Ac	quirec	d, Dis	sposed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					ay/Year) Exe		a. Deemed recution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)					and 5) Securit Benefic Owned		ties cially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)
Common Stock 12/16/20:						24			S ⁽¹⁾		2,635	D	\$45.4	1038	96,	96,470(2)(3)		D	
		Tal	ble II	- Derivati)wne	d			
				(e.g., pu	ts, ca	alis, v	varra	ants.	•		convertib	le se	curitie	s)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	eemed ution Date, / th/Day/Year)		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4)		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (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")
- 2. Includes 173 shares acquired under the Issuer's Employee Stock Purchase Plan on November 30, 2024.
- 3. Includes 44,876 RSUs.

/s/ Jack Anders

12/18/2024

** 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.