FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number: 3235-028 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).

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*  Weber Barbara						2. Issuer Name <b>and</b> Ticker or Trading Symbol Revolution Medicines, Inc. [ RVMD ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
VVCDCI .	Darbara															X Directo	or		10% O	vner	
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2020											Officer (give title below)		Other (sbelow)	specify	
C/O REVOLUTION MEDICINES, INC.						00/1//2020															
700 SAGINAW DRIVE																					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
REDWO	UD															X Form f	iled by One	e Repo	orting Perso	n	
CITY	C.	A !	94063													Form f Persor	iled by More than One Rep		n One Repo	rting	
(City)	(Si	tate) (	(Zip)																		
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Ac	qui	red, D	isp	osed o	f, or	Bene	ficial	ly Owned	ı				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Execution Date			Code (Instr. 5)						Benefici Owned F	es For ially (D) Following (I) (		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership			
									9	Code	,	Amount	() (I	A) or O)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 06/17/					/2020					A		1,808	1,808 A		\$ <mark>0</mark>	1,8	1,808 <sup>(1)</sup>		D		
		Т	able II - D									sed of, onverti				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 D if any (Month/Day)	Date, T	ransaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Year			Amount of			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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration ate	Title	OI N Of	umber						
Stock Option (Right to	\$36.57	06/17/2020			A		6,329			(2)	06	5/16/2030	Comm		5,329	\$0.00	6,329		D		

## **Explanation of Responses:**

/s/ Jack Anders, as Attorney-in-06/18/2020 fact for Barbara Weber

\*\* 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.

<sup>1.</sup> Includes 1.808 Restricted Stock Units.

<sup>2.</sup> Shares subject to the Option shall vest in full on the earlier of (i) the first anniversary of June 17, 2020 or (ii) immediately prior to the Annual Meeting following the date of grant subject to the Reporting Person remaining a Service Provider (as defined in the 2020 Plan) through the vesting date.