FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAI	LOWNERSHIP

OMB APPROVAL

OMB Number: 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).

l obligations may continue. See Instruction 1(b).

Check this box to indicate that a

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 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Reporting Person*									Symbol	\ 1				o of Reportin	g Pers	son(s) to Is	suer
<u>Kelsey</u>	Stephen	Michael			Kev	oiuli	OII IV	vieu	icine	<u>s, m</u>	<u>c.</u> [RVMI	,]			Direc	,		10% Ov	vner
-														1	Office	er (give title		Other (s	pecify
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)							See Remarks								
C/O REVOLUTION MEDICINES, INC.			09/16/2024									500 10							
700 SAC	SINAW DR	IVE																	
(0)			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street) REDWO	OD													₋ine)	Form	filed by One	Reno	rting Perso	n l
CITY CA 94063														•	Form filed by More than One Reporting				
,															Perso				9
(City)	(St	ate) (Ž	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date				on 2A. Deemed 3. 4. Securities Acquired (A) Execution Date, Transaction Disposed Of (D) (Instr. 3, 4										7. Nature of Indirect					
(Month/Day			/Year) if any (Month/Day/Year)		ear)	Code (Instr. 8)		· · · · · · · · · · · · · · · · · · ·		,	Owned Following (I		(D) or (I) (Ins	str. 4)	Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			09/16/20	24				S ⁽¹⁾		4,665	D	\$44.1	1853	264	1,408 ⁽²⁾		D	
		Tal	ble II	- Derivati	ve Se	curit	ies A	\car	ıired.	Disp	osed of.	or Be	neficia	ally C	Owne	 d			
											convertib								
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		ution Date,	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	/ CF	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
													Amount	·					

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.

(D)

Date

Expiration

2. Includes 86,400 restricted stock units.

Remarks:

President, Research and Development

/s/ Jack Anders, as Attorneyin-fact for Stephen Michael 09/18/2024 Kelsey

Number

Title

** 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.