FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
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 and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]									(Ch	eck all applic	tionship of Reporting all applicable) Director		son(s) to Iss 10% Ov	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024									Officer below)	(give title		Other (s below)	pecify	
C/O REVOLUTION MEDICINES, INC. 700 SAGINAW DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year) 06/24/2024								Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) REDWC	OOD C	A	94063		Ri	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)		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 - Non	-Deriv	ative	e Se	curities	s Acc	quired,	Disp	osed o	f, o	r Ben	eficiall	y Owned				
Date					2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		Dispose	urities Acquired (A ed Of (D) (Instr. 3,			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(mati. 4)
Common Stock 06/20					20/2024				A		4,248 A		\$0	20,073(1)		D			
		-	Table II - I								sed of, onvertil				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 E if any (Month/Day	Oate, 1	I. Fransa Code (I B)	Instr.	tr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	n Date		of Securities Underlying Derivative Secu (Instr. 3 and 4) Amo		Amount or Number of	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Includes 4,248 restricted stock units ("RSUs").

\$37.54

2. Shares subject to the Stock Option shall vest in full on the earlier of (i) the first anniversary of June 20, 2024 or (ii) immediately prior to the Issuer's annual meeting of stockholders following the date of grant, subject to the Reporting Person continuing in service through the vesting date.

(2)

06/19/2034

Remarks:

Stock Option (Right to

On June 24, 2024, the Reporting Person filed a Form 4 that inadvertently reported incorrect amounts for the RSU and Stock Option awards granted to the Reporting Person on June 20, 2024. The correct amounts and footnote information are reflected in this amendment.

/s/ Jack Anders, as Attorney-infact for Barbara Weber 06/28/2024

15.955

Stock

\$0

15,955

D

** 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).

06/20/2024

** 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.

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