FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| VIIIFO F | JIND LV | COMMISSION | ,,, |
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| Washington | D.C. 20549 | | |

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB Number: | 3235-0287 |
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| Estimated average but | ırden |
| 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

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

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------|--|---|-----------------|--------|--------|--|---------|---|---|---------------------|--|--|--|--|---|---|
| Name and Address of Reporting Person* Weber Barbara | | | | 2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD] | | | | | | | | | | ationship of Reportir (all applicable) Director | | ng Person(s) to Is | | | |
| (Last) (First) (Middle) C/O REVOLUTION MEDICINES, INC. 700 SAGINAW DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024 | | | | | | | | | | Officer (give title below) | | | Other (s | specify |
| (Street) REDWO | | | 4063 | | 4. If A | Amend | ment, | Date o | of Origina | al File | d (Month/Da | y/Year) | | . Indivine) | Form | Joint/Grou filed by On filed by Mo on | e Rep | orting Pers | on |
| (City) | (St | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| 1 | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | Date, | Transaction Disp Code (Instr. 5) | | Disposed C | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 6) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A) (D) | Price | , | | saction(s) r. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 08/21/2 | | | | | 2024 | | D | | 1,808 | D | \$44 | 4.83 18 | | ,265(1) | | D | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owne | d | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Deri Sec (Ins | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi ct (Instr. 4) | |
| | | | | | Code V (A) (D) | | | | Date Exercis | able | | | Expiration Date | | | | | | |

Explanation of Responses:

1. Includes 4,248 restricted stock units.

/s/ Jack Anders, as Attorneyin-fact for Barbara Weber

08/23/2024

** Signature of Reporting Person

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.