Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHA | ANGES IN | BENEFIC | CIAL O | WNERS | HIP |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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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* Wang Xiaolin | | | | | 2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD] | | | | | | | | ck all applic Directo Officer | cable) or (give title | g Pers | son(s) to Issi 10% Ow Other (s | ner | |
|--|---|--------------|----------------|------------------------------------|---|----------|------|----------------------------|----------|---|--|------------------|--|--|--------|---|---|--|
| | ` | N MEDICINES, | (Middle) INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021 | | | | | | | | below) | See R | lemar | below) | | |
| (Street) REDWO CITY (City) | C. | tate) | 94063 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | 1 | | | | |
| | | Tab | le I - Non-E | Derivativ | /e Se | curities | s Ac | quired, | Dis | posed o | of, or Be | enef | icially | Owned | | | | |
| Date | | | | . Transactio Pate Month/Day/ | Execution Date, | | Code | Transaction Disposed Of (I | | ties Acquired (A) o I Of (D) (Instr. 3, 4 | | A) or , 4 and | 5. Amour Securitie Beneficia Owned F | es Fo ally (D) Following (I) | | orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | t (A) or P | | Price | Transact (Instr. 3 a | tion(s) | | ' | 11130.4) | |
| Common Stock 03/0 | | | | 03/04/20 | 1/2021 | | A | | 11,200 A | | | \$0 | 11,9 |)44 ⁽¹⁾ | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 8) | | | ive ies ed ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nu of | nount imber ares | | | | | |
| Stock Option (Right to Buy) | \$42.45 | 03/04/2021 | | A | | 39,200 | | (2) | o | 03/03/2031 | Common Stock | 39 |),200 | \$0.00 | 39,20 | 0 | D | |

Explanation of Responses:

- 2. One forty-eighth (1/48th) of the shares initially subject to the option will vest on each monthly anniversary measured from March 4, 2021 (the "Vesting Commencement Date"), so that 100% of the shares subject to the option will be fully vested and exercisable as of the fourth anniversary of the Vesting Commencement Date, subject to the Reporting Person's continued service through each vesting date.

Remarks:

EVP, Clinical Development

/s/ Jack Anders, as Attorney-in-03/08/2021

** 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.