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, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

Instruction 1(b).	e. See	Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	hours per resp	hours per response: 0.5					
		or Section 30(h) of the Investment Company Act of 1940							
1. Name and Address of Ro <u>Wang Xiaolin</u>	eporting Person*	2. Issuer Name and Ticker or Trading Symbol <u>Revolution Medicines, Inc.</u> [RVMD]	(Check all applic Directo	,	10% Owner Other (specify				
(Last) (First) C/O REVOLUTION M 700 SAGINAW DRIV	MEDICINES, INC.	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021	below)	See Remarks	below)				
(Street) REDWOOD CITY (City) (State	94063 e) (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form fi	led by One Repor	5				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(1130.4)	(1150.4)
Common Stock	06/17/2021		S ⁽¹⁾		243	D	\$34.1209(2)	12,445 ⁽³⁾⁽⁴⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 1. Title of 3. Transaction 3A. Deemed 5. Number 7. Title and 8. Price of 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Derivative of Indirect Derivative Conversion Date (Month/Day/Year) Execution Date, Transaction Amount of derivative Ownership Derivative or Exercise Price of Derivative Security (Instr. 3) if any Code (Instr. 8) Securities Security (Instr. 5) Securities Form: Beneficial (Month/Day/Year) Direct (D) Underlying Derivative Securities Beneficially Ownership or Indirect (I) (Instr. 4) Acquired Owned (Instr. 4) (A) or Disposed of (D) (Instr. 3, 4 Security (Instr. Security Following 3 and 4) Reported Transaction(s) (Instr. 4) and 5) Amount Number Date Expiration of v (A) (D) Exercisable Title Shares Code Date

Explanation of Responses:

1. Pursuant to an automatic sell-to-cover imposed by the terms of the initial grant of the restricted stock units ("RSUs") awards, the shares were sold upon the vesting of the RSUs solely to cover applicable withholding taxes.

2. This transaction was executed in multiple trades in prices ranging from \$33.37 to \$34.22, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.

3. Includes 744 shares acquired under the Issuer's Employee Stock Purchase Plan on May 31, 2021.

4. Includes 10,500 RSUs.

Remarks:

EVP, Clinical Development

<u>/s/ Jack Anders, as Attorney-</u>

in-fact for Xiaolin Wang

06/22/2021

** 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.