FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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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

1. Name and Address of Reporting Person* <u>Clyburn Frank</u>					2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [ RVMD ]									ck all applic	ionship of Reporting F all applicable) Director		son(s) to Issi 10% Ow		
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/05/2024									Officer below)	er (give title v)		Other (s below)	pecify
C/O REVOLUTION MEDICINES, INC. 700 SAGINAW DR				4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	,						
(Street) REDWOOD														Form fi	Form filed by More than One Reporting Person				
CITY	C.	A	94063		Rı	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.											to			
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Disp	osed o	f, or Be	nefi	cially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amour Securitie Beneficia Owned F Reported	Form Sollowing (I) (Ir		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) c (D)	r P	rice	Transact (Instr. 3 a	tion(s)			.msu. 4)
Common Stock 08/05/					5/2024		Α		6,932	,932 A		\$ <mark>0</mark>	6,932(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 or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)				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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or	ount nber ires					
Stock Option (Right to	\$42.48	08/05/2024			A		27,744		(2)	0	8/05/2034	Common Stock	27,	,744	\$0	27,74	4	D	

## **Explanation of Responses:**

- Includes 6,932 restricted stock units.
- 2. The option becomes exercisable as it vests and the shares subject to the option vest with respect to 1/36 of the shares subject thereto on each monthly anniversary of August 5, 2024, subject to the reporting person's continued employment or service relationship with the Company on each such vesting date.

/s/ Jack Anders, as Attorney-infact for Frank Clyburn 08/07/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.