FORM 4

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										

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 ar Cislini		Reporting Person*									g Symbol IC. [RVM	D]			all app	•••	ng Pei	10% Ov	vner
(Last)	(Fir	,	Middl	,	3. Date of Earliest Transaction (Month/Day/Year) 09/18/2023								X	belov	er (give title v) General	Cou	Other (s below) insel	specify	
	REVOLUTION MEDICINES, INC. SAGINAW DRIVE 4. If Am				If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicab Line)					·		
(Street) REDWO	REDWOOD CA 94063				X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	(Sta	ate) (Z	Zip)		l _□ ,	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst						ırsuant to a						nded to	
		Table	1 - 1	Non-Deriva	tive S	Secui	rities	Acc	quir	ed, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution D ar) if any (Month/Day)		on Date, Con Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5)	Securities I Beneficially (Owned Following I		Forn (D) o Indir	m: Direct or lorect (I)	7. Nature of Indirect Beneficial Ownership		
							Code	v ,	Amount	(A) or (D)	Price	Tran		saction(s) r. 3 and 4)		str. 4) ((Instr. 4)		
Common	non Stock 09/18/20		09/18/202	:3			S ⁽¹⁾		1,214	D	\$31.310	06 ⁽²⁾ 42,0		2,013(3)		D			
		Tal	ble	II - Derivati (e.g., pu							posed of converti				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ny nth/Day/Year)	4. Transa Code (8)				Expiration Date (Month/Day/Year)		Date	Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Instr. d 4)	Deri Sec	rice of evative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration Date	n Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Pursuant to an automatic sell-to-cover imposed by the terms of the restricted stock units ("RSUs") award, the shares were sold following the vesting of the RSUs solely to cover applicable withholding taxes.
- 2. This transaction was executed in multiple trades in prices ranging from \$31.1026 to \$31.3108, 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 34,860 RSUs.

/s/ Jack Anders, as Attorneyin-fact for Jeff Cislini 09/20/2023

** 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.