FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT	OF CHANGES	IN RENEFICIAL	OWNERSH

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 and Address of Reporting Person*  Horn Margaret A					2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [ RVMD ]							ck all applica Director	able)	ng Person(s) to Iss		Owner			
(Last)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							X	below)	give title iief Oper	ating	Other (s below) Officer	респу	
C/O REVOLUTION MEDICINES, INC. 700 SAGINAW DRIVE						f Ame	endment, [	Date o	f Original	Filed	(Month/Da	ay/Year)		Line)	lividual or Jo	·	Ü	`	
(Street) REDWOOD CITY CA 94063					X Form filed by One Reporting Person Form filed by More than One Reporting Person								I						
(City)	(S	tate)	(Zip)		Ri	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							is intended t	o satisfy					
		Та	ble I - Non	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or B	enefi	icially	Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				action 2A. Deemed Execution Date if any (Month/Day/Yea		Date,	e, Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amoun Securities Beneficial Owned Fo	For (D)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or I	Price	Reported Transaction (Instr. 3 au	ion(s)			(Instr. 4)
Common Stock 03/0				03/01	/2024 A 41,000 A		4	\$ <mark>0</mark>	142,467 <sup>(1)</sup>			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	cise (Month/Day/Year) f ive	3A. Deemed Execution Date, if any (Month/Day/Yea	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Co	ode \	v	(A)	(D)	Date Exercisal	ate Exercisable D		OI N		ount mber Shares		(Instr. 4)	1011(5)		
Stock Option (Right to Buy)	\$29.8	03/01/2024		A	A		143,500		(2)	0	2/28/2034	Common Stock	<sup>1</sup> 14.	3,500	\$0	143,50	00	D	

## Explanation of Responses:

- 1. Includes 100,013 restricted stock units.
- 2. One forty-eighth (1/48th) of the shares initially subject to the option will vest on each monthly anniversary measured from March 1, 2024 (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.

/s/ Jack Anders, as Attorney-in-03/05/2024 fact for Margaret Horn

\*\* 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.