FORM 4

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

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

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 ]										all app	o of Reportir dicable) tor er (give title	ng Per	rson(s) to Is 10% Ov Other (s	vner
(Last)	(Fir	est) (N	Middle)	ŀ	Date of Earliest Transaction (Month/Day/Year)									Λ	belov	v) See R	omor	below)	·
C/O REVOLUTION MEDICINES, INC.					03/17/2022											see K	emai	KS	
700 SAG	INAW DR	IVE																	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
REDWO	OD CA	, 9	4063											X	Form	filed by One	e Rep	orting Perso	on
CITY															Form Perso		filed by More than One Reporting n		
(City)	(St	ate) (ž	Zip)																
		Table	I - Non-Der	vati	ive S	Secui	rities	Ac	quir	red, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution (ear) if any		on Date, Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			5)	Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	V	mount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)
Common Stock 03/17/202			022	22		S		S <sup>(1)</sup>		240	D	\$18.61	l42 <sup>(2)</sup> 31		1,698(3)		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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	,   Ţ	4. Transaction Code (Instr. 8) S. Numl Of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)			rative rities iired r osed ) r. 3, 4	Exp	Date Exer piration E onth/Day		Amo Secu Unde Deri	tle and unt of urities erlying vative urity (Instr. d 4)	Der Sec	Price of ivative curity str. 5)	9. Number of 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)
				c	Code	v	(A)	(D)	Dat Exc	te ercisable	Expiration Date	ı Title	Amount or Number of Shares						

## **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 \$18.1558 to \$18.62, 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 28,400 RSUs.

## Remarks:

EVP, Clinical Development

/s/ Jack Anders, as Attorneyin-fact for Xiaolin Wang \*\* Signature of Reporting Person

Date

03/21/2022

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.