SEC For	m 4 FORM	Л	UNITE) STA	TES S	ECURITIE	S AN	DE	ХСНА	NG	E CO	оммі	SSION							
						ES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549									OMB APPROVAL					
Section 16. Form 4 or Form 5 obligations may continue. See					ed pursuar	JT OF CHANGES IN BENEFICIAL OWNERSHI pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
1. Name and Address of Reporting Person* <u>Patel Sushil</u>						2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	``	ïrst)	(Middle)		3. Date	of Earliest Trans 2023	saction (M	onth/E	Day/Year)				Officer below)	(give title		Other (s below)	specify			
C/O REVOLUTION MEDICINES, INC. 700 SAGINAW DR					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) REDWOOD CITY CA 94063						Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication														
(City)	(5	itate)	Ch	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.																
		Tab	le I - Nor	n-Deriv	ative S	ecurities Ac	quired,	Disp	osed o	of, o	r Ben	eficial	y Owne	d						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Dat						2A. Deemed Execution Date, if any (Month/Day/Year	3. Transa Code (8)								Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 06/08/							Α		5,20	0	A	\$ <mark>0</mark>	15,	700 ⁽¹⁾		D				
		1				curities Acqu lls, warrants							Owned							
1. Title of 2. 3. Transaction 3A. Deemed Execution Date				4. Transactio	5. Number n of				Title and nount of		8. Price of Derivative			10. Ownership	11. Nature of Indirect					

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/Year)	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$24.84	06/08/2023		A		18,400		(2)	06/07/2033	Common Stock	18,400	\$0	18,400	D	

Explanation of Responses:

1. Includes 13,950 Restricted Stock Units.

2. Shares subject to the Option shall vest in full on the earlier of (i) the first anniversary of June 8, 2023 or (ii) immediately prior to the Annual Meeting following the date of grant subject to the Reporting Person remaining a Service Provider (as defined in the 2020 Plan) through the vesting date.

/s/ Jack Anders, as Attorney-in-06/12/2023 fact for Sushil Patel

** 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.