FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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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

											<u> </u>								
Name and Address of Reporting Person* Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Wang Xiaolin				ACTORIGO MICHELICS, IIIC. [RVMD]										Director			10% Ow		
														2	Officer (give title below)			Other (s below)	pecify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023									See Remarks					
C/O REVOLUTION MEDICINES, INC.				03/01/2023															
700 SAGINAW DRIVE																			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
REDWO	OD a		0.4000											- 1	,	ed by One	Repo	rting Person	
CITY	C C	A	94063												Form fil	ed by Mor	e than	One Report	ing
															Person				
(City)	(S	state)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Inst	tr. 3)		2. Transa	ction	2A. Dee			3.		4. Securi	ities A	cquired	I (A) or	5. Amoun				7. Nature of
Date (Month/D				ay/Year) if any			Transact Code (In:			ed Of (D) (Instr. 3, 4		. 3, 4 and	Securities Beneficia	lly (D	(D) or	D) or Indirect	Indirect Beneficial	
					(Month/Da		Day/Yea	ar) 8	8)		 		1	Reported	Reported			Ownership (Instr. 4)	
								Code	′	Amount		(A) or (D) Pric		Transaction(s) (Instr. 3 and 4)					
Common Stock 03/01				1/2023			A		29,000 A		A	\$0	59,527(1)			D			
			Table II - D	Derivat	ive Se	ecurities	. Aca	uire	ed. Dis	spo	sed of.	or E	3enef	icially	Owned		,	<u> </u>	
						alls, wai													
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	Cod	e, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable ar 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)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
				Cod	de V	(A)	(D)	Date Exer	e ercisable	Ex Da	piration ite	Title	0	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right to Buy)	\$26.5	03/01/2023		A		101,500)		(2)	02	/28/2033	Comi		101,500	\$0	101,5	00	D	

Explanation of Responses:

- 1. Includes 51,550 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, 2023 (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.

Remarks:

EVP, Clinical Development

/s/ Jack Anders, as Attorney-infact for Xiaolin Wang

03/03/2023

** 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.