FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person*     Borisy Alexis					2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [ RVMD ]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
					1															
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								1	Officer below)	r (give title )		Other (s below)	specify	
C/O REVOLUTION MEDICINES, INC.						06/22/2021														
700 SAGINAW DRIVE																				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
REDWO	OD	۸	0.4063		1									2	X Form filed by One Reporting Person					
CITY CA 94063														Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)						Execution Date			, Transaction Disposed Code (Instr. 5)		ities Acqu d Of (D) (I	ired ( nstr. 3	A) or 3, 4 and		es For ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	· v	Amount	nt (A) or		Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 06/22/						/2021		A		3,61	3,617 A		\$ <mark>0</mark>	49,7	49,718(1)(2)		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed	<del></del>			<del>_</del>		•						8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Execution D if any (Month/Day/	ate, T	ransa Code (I				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s S Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership tt (Instr. 4)	
													Ar	mount						
									<b>D</b> -4-		<b>-</b>		Νι	umber						
				c	ode	v	(A)	(D)	Date Exercis		Expiration Date	Title	of Si	nares						
Stock Option (Right to Buy)	\$32.93	06/22/2021			A		12,659		(3)		06/21/2031	Commo Stock	12	2,659	\$0.00	12,659	9	D		

## **Explanation of Responses:**

- 1. Includes 3,617 Restricted Stock Units.
- 2. On September 10, 2020, December 3, 2020, and February 25, 2021, Third Rock Ventures GP III, L.P. distributed 639, 639 and 43,015 shares, respectively, to the Reporting Person through in-kind, pro rata distributions without value. The distributions were exempt Section 16 of the Exchange Act pursuant to Rule 16a-9.
- 3. Shares subject to the Option shall vest in full on the earlier of (i) the first anniversary of June 22, 2021 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-06/24/2021 fact for Alexis Borisy

\*\* 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.