FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	IN BENEFI	ICIAL (OWNERSHIP

l	OMB APPROVAL									
l	OMB Number:	3235-0287								
Estimated average burden										
ı	houre per reenonee.	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* <u>Kelsey Stephen Michael</u>					2. Issuer Name and Ticker or Trading Symbol Revolution Medicines, Inc. [RVMD]						(Chec	ck all applica Director	ible)	g Perso	on(s) to Issu 10% Ow Other (s	ner		
(Last)	,	irst) I MEDICINES,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							X	below)	See R	emarl	below)	pecily	
700 SAGINAW DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) REDWOOD CITY CA 94063					Dula	X Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(S	tate)	(Zip)		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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							o satisfy						
		Та	ble I - Non	-Deriva	tive S	ecuritie	s Ac	quired,	Disp	osed c	of, or Bo	enefic	ially	Owned				
Date				2. Transac Date (Month/Da	Execution Date		n Date,	Code (Instr. 5)		ired (A) ıstr. 3, 4	4 and Securities Beneficia Owned Fo		s Form lly (D) o ollowing (I) (I		rm: Direct Ir or Indirect B (Instr. 4) C	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A) o		or Pr	rice	Reported Transaction (Instr. 3 au				(Instr. 4)
Common Stock			03/01/2	1/2024 A 51,400 A		\	\$ <mark>0</mark>	273,032(1)			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)	ve Conversion or Exercise (Month/Day/Year) Execution Date, or Exercise (Month/Day/Year) Frice of Derivative Security		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) (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Securities (Instr. 3 and 4)			ities ng e Secur	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported		Ownership of Indire Form: Benefic Direct (D) Owners	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
			Code V (A) (D) Exercisable Date		xpiration ate	Title	Amou or Numl of Sh	ber		Transaction(s) (Instr. 4)								
Stock Option (Right to Buy)	\$29.8	03/01/2024		A	179,900		(2)	02	2/28/2034	Common	179,	,900	\$0	179,900		D		

Explanation of Responses:

- 1. Includes 110,413 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.

Remarks:

President, Research and Development

/s/ Jack Anders, as Attorney-in-03/05/2024 fact for Stephen Michael Kelsey

** Signature of Reporting Person

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.