| SEC Form 4 | | | | | | | | | | | | | |
|--|----------|--|--|--|---|-------|--|-----------------------|---|--|---|---|--|
| FORM 4 | UNITED | ITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 | | | | | | | | SSION OMB APPROVAL | | | |
| Check this box if no longer subje Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Filed pu | JT OF CHANGES IN BENEFICIAL OWNI pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | COMB Number: 3238 Estimated average burden hours per response: | | | | |
| 1. Name and Address of Reporting Person* HILL LINDA A | | | | er Name and Ticke <u>y Therapeutic</u> | | • | , | | k all applicable) | porting Person(s) to Issuer 10% Owner | | | |
| (Last) (First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023 | | | | | | | Officer (give tit below) | e Other below | (specify) | |
| C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR (Street) CAMBRIDGE MA 02139 | | | | nendment, Date of | Original | Filed | (Month/Day/Ye | 6. Indi Line) X | | | | | |
| (City) (State) | (Zip) | F | ☐ Ch | e 10b5-1(c) | te that a t | ransa | ction was made | | a contract, instruction or written plan that is intended to struction 10. | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transad Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (<i>I</i> Disposed Of (D) (Instr. 3 5) | | | 5. Amount of Securities Beneficially Owned Followin Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (| |
| 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/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) | \$11.14 | 05/31/2023 | | A | | 66,055 | | (1) | 05/30/2033 | Common Stock | 66,055 | \$0.00 | 66,055 | D | |

Explanation of Responses:

1. This option was granted on May 31, 2023 with respect to 66,055 shares of the Issuer's common stock and vests in full on the earlier to occur of (a) the first anniversary of the grant date or (b) the date of the next annual meeting of stockholders following the grant date.

Remarks:

<u>/s/ Brian Adams, as Attorney-</u> <u>06/01/2023</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.