Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

Check this box if no longer subject	STATE
to Section 16. Form 4 or Form 5	
obligations may continue. See	

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Patel Sanjiv					2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [RLAY]							(Check all applicable) X Director			orting Person(s) to Issu		ó Owner		
(Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021								X Officer (give title Other (specify below) below) President and CEO						
(Street) CAMBRIDGE MA 02139				4. If	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 Form filed by More than One Reporting Person						
(City)	(St		Zip)	lan Danina	45	Carre			4 5		D		_:-	U. O					
1. Title of Security (Instr. 3) 2. Tr			2. Transaction Date (Month/Day/	n	2A. Deemed Execution Date,		3. Transaction		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 a 5)				5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			12/31/20	21			A ⁽¹⁾	V	658	A	\$26.3	1 ⁽²⁾	253,	740	D			
Common Stock													674,	548		I	By The Patel Family Irrevocable Trust of 2019 ⁽³⁾		
Common Stock												432,	301		I	By The SSP Irrevocable Trust of 2020 ⁽³⁾			
		Tal	ble II						,	posed of, convertib				y Owne	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, y htth/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) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title a Amount Securiti Underly Derivati Security 3 and 4)				int of ities rlying ative ity (Inst		3. Price of Derivative Security Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4)	ive ies cially or Indii ng ed ction(s)		Beneficial Ownership ect (Instr. 4)	
Evalanation					Code	v	(A) (D)	Date Exer	cisable	Expiration e Date	Title	Amour or Number of Shares	er						

- 1. The shares were acquired under the Relay Therapeutics, Inc. 2020 Employee Stock Purchase Plan ("ESPP") in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c). The reporting person is voluntarily reporting this transaction.
- 2. In accordance with the ESPP, these shares were purchased at a price equal to 85% of the closing price of the Issuer's common stock on December 31, 2021.
- 3. These shares are held in irrevocable trusts for the benefit of the reporting person's family members. An independent trustee of the trusts. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Brian Adams, as Attorneyin-Fact

01/07/2022

** 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.