FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
houre per reenonee.									

	Check this box if no longer subject to										
	Section 16. Form 4 or Form 5										
ı	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 ar Rubin (Last)	<u>Jami</u>	Reporting Person*	(Middle)		- 3.	Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [RLAY] Date of Earliest Transaction (Month/Day/Year) 06/10/2024								ck all applica Director	rector fficer (give title		10% Ow Other (spelow)	ner
C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) Form filed by One Reporting Person					
(Street) CAMBRIDGE MA 02139					Form filed by More than One Reporting Person Pullo 10h5 1(a) Transaction Indication													
(City) (State) (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.												
		Та	ble I - Non	-Deri	ivativ	/e Se	curi	ities Acc	uired	, Dis	posed of	, or Ber	eficially	Owned				
Date				Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed (es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficia Owned For Reported	s lly ollowing	Form (D) or	: Direct III Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			
Common Stock 06/1					10/202	0/2024			M	м 42,2420		(1) A \$5.04		67,242			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code (I			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)		te	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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right to Buy)	\$5.04	06/10/2024			M		42,242 ⁽¹⁾		(2)		10/09/2029	Common Stock	42,242	\$0.00	0		D	

Explanation of Responses:

- 1. This transaction involved a cash exercise of a stock option without a subsequent sale of the underlying shares of common stock.
- 2. This stock option vested in sixteen (16) equal quarterly installments following the vesting commencement date of October 10, 2019, subject to the reporting person's continued service relationship through each vesting date.

/s/ Brian Adams, as Attorneyin-Fact

06/12/2024

** 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.