FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. 20549 | |
|-------------|------------|--|
| | | |

| Check this box if no longer subjec |
|------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 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

| 1. Name and Address of Reporting Person* Rahmer Peter | | | | | 2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [RLAY] | | | | | | | | | k all app Direc | licable) | ng Person(s) to I 10% O Other (| | | | |
|---|--|-------|--------------|---|---|---|--------|---|---|--------|---------------------|---|--|-----------------------|---|--|--|--------|--|--|
| (Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC. 339 BINNEY STREET, 2ND FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2023 | | | | | | | | | belov | | | below) | | |
| (Street) CAMBR (City) | IDGE M | A 0 | 2139 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Bene | | cially Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | Amount | (A) ((D) | or Pri | ce | Transa | ction(s) 3 and 4) | | | (moa. 4) | | | | |
| Common Stock 01/30/2 | | | | 2023 | | | S | | 740(1) | D | \$2 | 21.56 | 158 | 158,540(2) | | 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) | erivative Conversion Date ecurity or Exercise (Month/Day/Year) if any | | | nsaction de (Instr. 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) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Exercis | able | Date | Title | Shares | s | | | | | | |

Explanation of Responses:

1. Sale of shares to cover the reporting person's income tax withholding obligations upon the vesting of 2,454 shares of restricted stock units ("RSUs") on January 27, 2023. The reporting person had no discretion with respect to such sale, which was transacted in accordance with the Issuer's policies regarding the vesting of RSUs.

2. Includes 136,010 shares underlying RSUs.

Remarks:

Title: Chief Corporate Development Officer

/s/ Brian Adams, as attorney-

in-fact

01/31/2023 ** 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.