FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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* Patel Sanjiv (Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR						2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [RLAY] 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner Officer (give title below) President and CEO Director 10% Owner Other (specify below) O					ner ecify	
(Street) CAMBRIDGE MA 02139					4. 11.	Line) Form file										d by One Reporting Person				
(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.															
1. Title of						cquired, Disposed of, or Bene 3. 4. Securities Acquired (A)							6. Ownership		ture of					
Date (Month/Day/Y					Year)	ear) Execution Date, if any (Month/Day/Year)			Transa Code (8)		Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr.	·. 4)	
Common	Stock			06/30/20	24				A ⁽¹⁾	V	2,108	A	\$5.54(2)	766,1	30(3)	I)			
Common Stock														674,	548		I	By T Pate Fam Irrev Trus 2019	oll hily vocable st of	
Common Stock														687,	355	:	I		By The SSP Irrevocable Trust of 2020 ⁽⁴⁾	
		Tal	ole II							•	posed of, convertib			-	d					
1. Title of Derivative Conversion or Exercise Price of Derivative Security				Transaction of Code (Instr. Deriva		rative rities ired r osed)	Expi (Mor	ate Exe ration nth/Day		7. Titl Amou Secur Under Deriva Secur 3 and	nt of ities rlying ative rity (Instr. 4) Amount or	8. Price of Derivative Security (Instr. 5) Benefic Owned Followi Reporte Transac (Instr. 4		ive Owners ies Form: cially Direct (or Indir ng (i) (Inst		hip d E D) (ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Code	Code V (A) (D)		(D)	Date Exercisable		Expiration Date	Title	Number of Shares										

Explanation of Responses:

- 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 June 28, 2024.
- 3. Includes 762,360 shares underlying restricted stock units.
- 4. These shares are held in irrevocable trusts for the benefit of the reporting person's family members. An independent trustee is 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.

/s/ Thomas Catinazzo, Attorney-in-Fact

07/01/2024

** 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.