SEC Form 4	
FORM	4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB Number:	3235-0287								
Estimated average	burden								

. \_ \_ \_ \_ . . .

Es average bu hours per response: 0.5

intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.		
1. Name and Address of Reporting Person <sup>*</sup> Rahmer Peter	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Relay Therapeutics, Inc.</u> [ RLAY ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify
<ul> <li>(Last) (First) (Middle</li> <li>C/O RELAY THERAPEUTICS, INC.</li> <li>399 BINNEY STREET, 2ND FLOOR</li> </ul>	3. Date of Earliest Transaction (Month/Day/Year) 12/27/2024	below) below) See remarks
(Street) CAMBRIDGE MA 02142 (City) (State) (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					Securities Beneficially	Form: Direct	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	12/27/2024		S		<b>400</b> <sup>(1)</sup>	D	\$4.38	389,663 <sup>(2)</sup>	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e a .. puts. calls. warrants. options. convertible securities)

			(e.g., pi	115, 66	ans, v	varia	ants,	options, c	onventio	ie se	cunities	)			
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. Transa Code ( 8)		of		f Expiration Date erivative ecurities cquired A) or isposed f (D) nstr. 3, 4		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr.		Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## Explanation of Responses:

1. Sale of shares to cover the reporting person's income tax withholding obligations upon the vesting of 992 shares of restricted stock units ("RSUs") on December 26, 2024. 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 370,447 shares underlying RSUs.

## Remarks:

Chief Corporate Development Officer

/s/ Brian Adams, as attorneyin-fact

12/31/2024

\*\* 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.