FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICI	AL OWNERSHIP

OMB APPROVAL										
OMB Number:	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*  Rahmer Peter				2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [ RLAY ]								Check	all app	onship of Reporting all applicable) Director Officer (give title		rson(s) to Is  10% O	wner		
(Last)	`	irst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/29/2024								X	below)		below)		эрсспу	
339 BINNEY STREET, 2ND FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	IDGE M	A 0	2139											X	X Form filed by One Reporting Per Form filed by More than One Rep Person				
(City)	(S	tate) (Z	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.										nded to				
		Table	I - No	n-Deriva	tive S	Secui	ities	Acq	uired,	Dis	posed of	or Be	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date		Date,	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Sec Ben Owi		mount of urities eficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Price	Trai		eported ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock 01/29/2					2024				S		1,651(1)	D	\$9.	<b>\$</b> 9.64 514,977 <sup>(2)</sup>		,977(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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amour or Numbe of Title Shares		int eer				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

- 1. Sale of shares to cover the reporting person's income tax withholding obligations upon the vesting of 5,506 shares of restricted stock units ("RSUs") on January 27, 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 471,840 shares underlying RSUs.

## Remarks:

Title: Chief Corporate Development Officer

/s/ Thomas Catinazzo, as Attorney-in-Fact 01/31/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.