FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049	

OMB APF	ROVAL								
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subje	:C
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]								(Chec	ationship of Reporti k all applicable) Director		10% (Owner
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024									X	below)		Other (s below) emarks		specity				
C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) CAMBRIDGE MA 02139														Λ	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (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.														
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Disp	osed of	, or E	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Executi ay/Year) if any		Deemed tution Date, y hth/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed (ties Acquired (A			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 03/27/						2024		S		298(1)	98 ⁽¹⁾ D		57.7	514,679(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/I	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		Amount of Securities Underlying Derivative Security (In: 3 and 4)		Amount of Curities derlying rivative Curity (Instr. nd 4)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	Date Ex Exercisable Da		of Title Shar		,					

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 March 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 470,848 shares underlying RSUs.

Remarks:

Title: Chief Corporate Development Officer

/s/ Brian Adams, as attorneyin-fact 03/29/2024

** 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.