FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OMB APPROVAL											
OMB Number:	3235-0287										
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hours per response:											

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 intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(0). 0	ee mstruction	10.																		
Name and Address of Reporting Person* Adams Brian					2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [RLAY]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
															Off	ctor cer (give title		Other (s		
(1 4)		First) (Middle)		2 D-										belo			below)	specify	
(Last)	,		3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024								Chief Legal Officer									
C/O RELAY THERAPEUTICS, INC.				10,2	0,202															
399 BINNEY STREET, 2ND FLOOR																				
-					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line) Form filed by One Reporting Person					
CAMBR	IDGE N	1A (02142													_				
															Form filed by More than One Reporting Person					
(City)	(State) ((Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3) 5)				nd Secur Bene Owne	ficially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	(A) or (D)		Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(111501. 4)			
Common Stock 10/28/2					2024			S		1,632(1)		D	\$6.06		321,907(2)		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	its, ca	alls, v	warra	nts,	optio	ns, c	onvertib	le se	ecur	ities)					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	rities lired r osed)	6. Date Expirati (Month/	ion Da	te Amour (ear) Securi Under Deriva Securi		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber ares								

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 October 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 278,325 shares underlying RSUs.

/s/ Brian Adams

10/30/2024

** 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.