FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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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

Name and Address of Reporting Person*     Patel Sanjiv					2. Issuer Name <b>and</b> Ticker or Trading Symbol Relay Therapeutics, Inc. [ RLAY ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner  Officer (give title 10% Other (persist))								
(Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR					03	3. Date of Earliest Transaction (Month/Day/Year) 03/26/2021								X Officer (give title Other (specify below)  President and CEO							
(Street)	IDGE M	IA	02139		_   4. _	4. If Amendment, Date of				nt, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)	D		0		- 4 -				f D-	6:.:	U O							
1 Title of 9	Security (Inc		DIE I - NO	2. Trans			A. Deemed		quired	ı, Di	·			Ily Owned  5. Amount	of	6. Owne	ershin	7. Nat	ture of		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		Transaction Code (Instr.					Securities Beneficially Owned Follo Reported		Form: D (D) or Ir		Indire Benef Owne	ct ficial ership				
									Code	v	Amount	(A) or (D)	Price	Transactio	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			02/1	6/202	021		G <sup>(1)</sup>	V	150,000	D	\$0.0	253,0	82	D						
Common Stock 02/16/2				6/2021	.021		G <sup>(1)</sup>	V	150,000	A	\$0.0	0 674,5	674,548		I		By The Patel Family Irrevocable Trust of 2019 <sup>(1)</sup>				
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	xercise (Month/Day/Year) e of vative	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n Derivative		6. Date Exercis Expiration Dat (Month/Day/Ye		e of Secu ear) Underly		g Security	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report	ive ties cially ing	10. Owners Form: Direct (I or Indire (I) (Instr	hip c E D) C ect (i	11. Nature of Indirect Beneficial Ownership Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Share		(Instr. 4						
Stock Option (Right to Buy)	\$34.25	03/26/2021			A		325,000		(2)		03/25/2031	Common Stock	325,00	\$0.00	325,000		D				

## **Explanation of Responses:**

1. Represents a transfer of securities by gift by the reporting person to The Patel Family Irrevocable Trust of 2019, an irrevocable trust for the benefit of the reporting person's family members. An independent trustee is trustee of this trust. 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.

2. The shares underlying this stock option shall vest in sixteen (16) equal quarterly installments after March 26, 2021, subject to the reporting person's continued employment through each vesting date.

## Remarks:

/s/ Brian Adams, as Attorney-

03/26/2021

in-Fact

\*\* 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.