FORM 4

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

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washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

	OMB Number:	3235-0287
	Estimated average b	ourden
1	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).

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction																		
1. Name and Address of Reporting Person* <u>Bergstrom Donald A</u>					2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [ RLAY ]									heck all app	tionship of Reporting Pe all applicable) Director		rson(s) to Is		
(Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/27/2024									Officer (give title Other (specify below)  President, R&D				pecify	
(Street) CAMBR (City)	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lir	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person									
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securities Ac Disposed Of (D) 5)			s Acquired (A) o f (D) (Instr. 3, 4 a		nd Securi Benefi	ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D	) or )	Price	Transa	nsaction(s) str. 3 and 4)			iiisti. 4)	
Common Stock 12/27/2					/2024				S		657(1)	657 <sup>(1)</sup> D		\$4.3	8 520,088(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  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	ve derivative Securities	y Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber ires					

## **Explanation of Responses:**

- 1. Sale of shares to cover the reporting person's income tax withholding obligations upon the vesting of 2,187 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 447,790 shares underlying RSUs.

/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.