FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
OMB Number:	3235-0287								
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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)					
<u>Tidanis</u>	Dilaii												Directo Officer	or (give title		10% Ov Other (s	·			
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)							7	below)			below)	pecity	
C/O RELAY THERAPEUTICS, INC.						03/26/2021								General Counsel						
399 BINNEY STREET, 2ND FLOOR																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line	,	iled by One	Dono	orting Dereco	n	
CAMBR	IDGE M	ÍA	02139									1	X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)			Person									ı					
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired	Dis	posed o	f, or B	ene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. b) 8) 4. Securities Acqu Disposed Of (D) (In 5)					es For ally (D) Following (I) (Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 03/2				03/26	6/2021				A		15,870	(1) A \$		\$0.00	25	25,870		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Executive or Exercise (Month/Day/Year) if an			3A. Deemed Execution D if any (Month/Day/	ate, T	ransaction ode (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	OI No Of	umber						
Stock Option (Right to	\$34.25	03/26/2021			A		31,740	ι- /	(2)	\top	03/25/2031	Commo	n 2	1,740	\$0.00	31,740		D		

Explanation of Responses:

1. Represents restricted stock units ("RSUs") granted to the reporting person pursuant to the Issuer's 2020 Stock Option and Incentive Plan. Each RSU represents a contingent right to receive one share of the Issuer's common stock upon vesting. The RSUs shall vest in sixteen (16) equal quarterly installments after March 26, 2021, subject to the reporting person's continued service with the Issuer through each vesting date.

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 service with the Issuer through each vesting date.

Remarks:

/s/ Brian Adams

03/26/2021

** 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.