SEC FOI	FORM	4	UNITED) STA	TES	S SI	ECUR	ITIE		ΣE	ХСНА	NGE	co	ммі	SSION				
-					Washington, D.C. 20549										OM			APPROV	/AL
Section obligat	this box if no lo 16. Form 4 or ions may contir tion 1(b).	onger subject to Form 5 nue. See	STAT		d purs	suant	to Sectior	n 16(a) of the Se	curiti	NEFICI es Exchan mpany Act	ige Act of			HIP	Estima		er: 3 verage burden sponse:	0.5
1. Name and Address of Reporting Person [*] Adams Brian						2. Issuer Name and Ticker or Trading Symbol <u>Relay Therapeutics, Inc.</u> [RLAY]									(Check all applicable) Director			10% Ow	
(Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC. 399 BINNEY STREET, 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 01/17/2023									X below) below) Chief Legal Officer				poony	
(Street) CAMBRIDGE MA 02139					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. 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)																
		Tab	ole I - Nor				curities	s Ac	quired,	Dis	posed o	of, or B	enef	iciall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				es Fo ally (D Following (I)		orm: Direct 0) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or	Price	Reporter Transact (Instr. 3	tion(s)			Instr. 4)
Common Stock 01/17/					/2023	2023		Α		85,425 ⁽¹⁾ A		1	\$0.00) 136,956 ⁽²⁾			D		
		-	Table II -								osed of, onvertil				Owned				
Derivative Conversion		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, 1	Code (In				6. Date Exercisal Expiration Date (Month/Day/Year		•	of Secu Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	mber					
Stock Option (Right to Buy)	\$20.45	01/17/2023			Α		97,630		(3)	()1/16/2033	Commo Stock	ⁿ 97	7,630	\$0.00	97,63	0	D	
Stock Option (Right to Buy)	\$20.45	01/17/2023			A		73,220		(4)	(01/16/2033	Commo Stock	ⁿ 73	3,220	\$0.00	73,22	0	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.

2. Includes 126,259 shares underlying RSUs.

3. The shares underlying this stock option shall vest in sixteen (16) equal quarterly installments commencing on January 17, 2023, subject to the reporting person's continued service with the Issuer through each vesting date.

4. Such option was granted pursuant to the terms of the Issuer's 2020 Stock Option and Incentive Plan and becomes exercisable, if at all, in twelve equal quarterly installments if the last quoted trading price per share of the Issuer's common stock on the Nasdaq Global Market during any fifteen consecutive calendar day period is at least \$35.00; provided that the reporting person maintains a service relationship with the Issuer.

Remarks:

/s/ Brian Adams

01/19/2023 ** 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.

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