FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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. Name ar		2. Issuer Name and Ticker or Trading Symbol Relay Therapeutics, Inc. [RLAY]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
(Last) (First) (Middle) C/O RELAY THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023								X Officer (give title below) Other (specify below) President and CEO					ecify	
399 BINNEY STREET, 2ND FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBRIDGE MA 02139														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				R	Rule 10b5-1(c) Transaction Indication														
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
1 Title of	Security (Inc		1 - Non-Deriv		Secu 2A. Deer		Acqı	uire	· -	4. Securities			ally Ow		6. Owr	nership	7. Nat	ture of	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					Execution Date,		Transaction Code (Instr.			Disposed Of (D) (Instr. 3, 4 an			Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I)		Indirect Beneficial Ownership		
							Со	de	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)	(Instr.	4)	(Instr.	7. 4)	
Common Stock 06/30/2023							A ⁽	(1)	V	1,662	A	\$10.68(2)	1	662	I	D			
Common Stock													67	4,548		I	By T Patel Fam: Irrev Trus 2019	ily vocable st of	
Common Stock													687,355		I I		SSP Irrev Trus	By The SSP Irrevocable Trust of 2020 ⁽³⁾	
		Tal	ble II - Derivat (e.g., p							posed of, , convertil				ed					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	nsaction e (Instr.	5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	tive ties ed	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv	le and unt of rities erlying rative rity (Instr. 1 4)	8. Price of Derivative Security (Instr. 5)		ve ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Cod	e V	(A)		Date D) Exercisable		Expiration e Date	Title	or Number of Shares								

Explanation of Responses:

- 1. The shares were acquired under the Relay Therapeutics, Inc. 2020 Employee Stock Purchase Plan ("ESPP") in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c). The reporting person is voluntarily reporting this transaction.
- 2. In accordance with the ESPP, these shares were purchased at a price equal to 85% of the closing price of the Issuer's common stock on June 30, 2023.
- 3. These shares are held in irrevocable trusts for the benefit of the reporting person's family members. An independent trustee of the trusts. 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.

Remarks:

/s/ Brian Adams, as attorneyin-fact

09/29/2023

** 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.