FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
|------------|------|--------|--|
| aoimigton, | D.O. | -00 10 | |

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

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 and Address of Reporting Person* Borgeson Blake | | | | | 2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [RXRX] | | | | | | | | | k all app Direc | tionship of Reportir all applicable) Director | | 10% Ov | wner | |
|--|--|---------|----------|--|---|---|---------------------------|--------------------------------------|-----------------|--------------------------------------|---|----------------------|--|---|---|--|--|--|---------|
| (Last) | (Fir | st) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | | | | | Officer (give title below) | | | Other (s below) | sресіту |
| 41 S. RIO GRANDE STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) SALT LA | SALT LAKE LIT 84101 | | | Dul | Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | | | | | | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | 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. | | | | | | | | | nded to | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Exec | | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A Of (D) (Instr. 3, | | 4 and Secur Benef | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ransaction(s) nstr. 3 and 4) | | | (Instr. 4) | |
| Class A Common Stock | | | 07/01/ | ./2024 | | | | | | 1,441 | A | | \$ <mark>0</mark> | 7,1 | 7,178,557 | | 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Instr. 8) | | of | r osed) c. 3, 4 | Expiratio ive ies ed | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | tive derivative ity Securities | | 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 | Amount or Number of Shares | er | | | | | |

Explanation of Responses:

1. The shares were issued pursuant to the Issuer's Outside Director Compensation Policy.

Remarks:

/s/Jonathan Golightly, attorney-in-fact

07/03/2024

** Signature of Reporting Person

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.