FORM 4

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

Washington,	DC	20549	
vvasiliigton,	D.C.	20040	

Check this box if no longer subject to	STATE
Section 16. Form 4 or Form 5	
obligations may continue. See	

## MENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1(0). 0	ee instruction	10.																	
Name and Address of Reporting Person*     Borgeson Blake					RE	2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [ RXRX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	(F	irst) (I	Middle	<u> </u>	1110	INC. [ KARA ]									Office	er (give title v)		Other (s	specify
C/O RECURSION PHARMACEUTICALS 41 S. RIO GRANDE STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/12/2024														
(Street) SALT LA	AKE U	Т 8	34101		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(S	tate) (2	Zip)																
		Table	1 - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execution (ear) if any		on Date,		3. Transaction Code (Instr. 8)  4. Securities A Disposed Of (I					and 5) Secur Benef Owne		cially d Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Class A Common Stock 11/1			11/12/202	)24				<b>S</b> <sup>(1)</sup>		11,447	D	\$7.640	)2 <sup>(2)</sup>	7,066,113			D		
		Tal	ble II	l - Derivati (e.g., pu							oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y nth/Day/Year)		Transaction of Code (Instr. Derivative			Expiration Date Amount of				int of rities rlying ative rity (Instr.	8. Price Derivar Securii (Instr. :		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. This transaction is pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 18, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$7.48 to \$8.01. The price reported above reflects the weighted average sale price. The Reporting Person undertakes to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sale price.

## Remarks:

/s/Jonathan Golightly, attorney-in-fact

11/14/2024

\*\* 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.