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Washington, D.C. 20549													OMB APPF	OVAL	
to Section 16. Form 4 or Form 5 obligations may continue. See													OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person* Gibson Christopher (Last) (First) (Middle)				2. Issuer Name and Ticker or Trading Symbol <u>RECURSION PHARMACEUTICALS</u> , <u>INC.</u> [RXRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title below) Other (specify below)			Owner r (specify
C/O RECURSION PHARMACEUTICALS 41 S. RIO GRANDE STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2023								C	Chief Exec	cutive Office	r
LAKE U'	84101			4. If A								 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(St	ate) (2	Zip)													
	Table	I - Nor	n-Deriva	ative S	ecur	ities Acq	uired,	Dis	posed of,	or Ber	neficia	ally Own	ed		
Date				Execution Date,		Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or r. 3, 4 a	nd Securit Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
							Code	v	Amount	(A) or (D)	Price	Transaction(a)			(Instr. 4)
Class A Common Stock 02			02/15/	2023			F ⁽¹⁾		1,346	D	\$8.4	4 94	0,927	D	
	Tal												d		
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	on Date,			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expirati	on Da	te ear)	Amount of Securities Underlyin Derivativo Security	of s ig e	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported	ly Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficia Ownersh ct (Instr. 4)
	k this box if no lection 16. Form 4 ations may conti and Address of <u>n Christop</u> (Fi CCURSION 1 IO GRAND AKE (St Security (Ins Common St Conversion or Exercise Price of Derivative	FORM 4 U tk this box if no longer subject tciton 16. Form 4 or Form 5 ations may continue. See uction 1(b). and Address of Reporting Person n Christopher (First) (() CCURSION PHARMACEUT IO GRANDE STREET AKE UT AKE UT (State) (() Common Stock Ta Conversion Convers	FORM 4 UNITED It his box if no longer subject tection 16. Form 4 or Form 5 ations may continue. See retion 1(b). STAT and Address of Reporting Person* n Christopher (Middle) It of GRANDE STREET (Middle) It of GRANDE STREET (Middle) It of GRANDE STREET (State) It of Grand It of Gr	FORM 4 UNITED STAT It this box if no longer subject tection 16. Form 4 or Form 5 ations may continue. See	FORM 4 UNITED STATES S It this box if no longer subject tion 16. Form 4 or Form 5 ations may continue. See Judion 1(b). STATEMENT OF STATES S It this box if no longer subject tion 16. Form 4 or Form 5 ations may continue. See Judion 1(b). Filed pursuan or Sec States S and Address of Reporting Person* It let this to the form 5 ations may continue. See Judion 1(b). 2. Issue REC INC and Address of Reporting Person* 2. Issue REC INC 3. Date 02/15 It of GRANDE STREET 3. Date 02/15 3. Date 02/15 It of GRANDE STREET 4. If A AKE UT 84101 4. If A It of GRANDE STREET 2. Transaction Date (Month/Day/Year) 02/15/2023 Table I - Non-Derivative See (e.g., puts, ca 02/15/2023 Table II - Derivative See (e.g., puts, ca 02/15/2023	FORM 4 UNITED STATES SEC STATEMENT OF CH STATEMENT OF CH Filed pursuant to S and Address of Reporting Person* n Christopher 2. Issuer Na n Christopher 2. Issuer Na (First) (Middle) SCURSION PHARMACEUTICALS IO GRANDE STREET 3. Date of E (State) (Zip) Table I - Non-Derivative Securit f Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. 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Individual o Line) c.AKE UT WITHED Securities Acquired, Disposed of, or Beneficially Own Code (Instr. 3) 6. Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction form Perso 3. Transaction form (Month/Day/Year) 3. Amend form form Perso 2. Scurities Acquired (A) or (Month/Day/Year) 3. Transaction form (Month/Day/Year) 3. Amend form form form form form form form form form form form form 4. Securities Acquired (A) or benericially Owner (Linstr. 3) </td <td>FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 36(a) of the Investment Company Act of 1940 or Section 30(n) of the Investment Company Act of 1940 and Address of Reporting Person* Filed pursuant to Section 16(a) of the Securities Exchange Act of 1940 or Section 30(n) of the Investment Company Act of 1940 5. 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Explanation of Responses:

1. Represents shares that have been withheld by the Issuer to satisfy its tax withholding and remittance obligations in connection with the net settlement of restricted stock units. **Remarks:**

(A) (D)

<u>/s/ Jonathan Golightly,</u> attorney-in-fact

or Number

of Shares

Title

** Signature of Reporting Person Date

02/17/2023

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).

Code V

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.

Date Exercisable Expiration Date