FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* <u>Dar Zavain</u>						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 Officer (give title Other (specify					
(Last) C/O REC	ast) (First) (Middle) /O RECURSION PHARMACEUTICALS					3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024								below)			below)	респу	
41 S. RIO GRANDE STREET						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					
(Street) SALT LA	SALT LAKE UT		84101				401.5	4 ( )	<b>-</b>			• • •			iled by Moi		One Repor		
(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.													
		Tab	le I - Nor	ı-Deri	vativ	e Se	curities	s Acc	quired, C	Disp	osed o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	ecurities Acquired (A) o posed Of (D) (Instr. 3, 4		Beneficia Owned F	es Fo ally (D) Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Class A Common Stock 06/03/					03/202	2024		<b>A</b> <sup>(1)</sup>		13,09	7 A	\$0	102	102,153		D			
		-	Fable II - I						uired, Dis , options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			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 Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares	per					
Stock Option (Right to Buy)	\$8.59	06/03/2024			A		26,193		(2)	00	5/03/2034	Class A Common Stock	26,193	\$0	26,19	3	D		

## **Explanation of Responses:**

- 1. Represents a grant of restricted stock units automatically granted pursuant to the Issuer's Outside Director Compensation Policy. The restricted stock units will vest on the earlier of June 3, 2025 or the day prior to the Issuer's 2025 annual meeting of stockholders, subject to Reporting Person's continued service to the Issuer.
- 2. The shares subject to this option will vest and become exercisable on the earlier of June 3, 2025 or the date of the Issuer's 2025 Annual Meeting of Stockholders, subject to the Reporting Person's continued service to the Issuer.

## Remarks:

/s/ Jonathan Golightly, attorney-in-fact

\*\* Signature of Reporting Person Date

06/05/2024

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.