The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL OMB 3235-Number: 0076 Estimated average burden hours per 4.00 response:

1. Issuer's Identity

CIK (Filer ID Number)

Name of Issuer

Previous Names

None

X Corporation

0001601830

Recursion Pharmaceuticals, LLC

Limited Partnership

RECURSION PHARMACEUTICALS,

Limited Liability Company

Entity Type

INC. Jurisdiction of

General Partnership **Business Trust**

Incorporation/Organization

Other (Specify)

DELAWARE

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

RECURSION PHARMACEUTICALS, INC.

Street Address 1

Street Address 2

41S RIO GRANDE STREET

City

State/Province/Country

ZIP/PostalCode

Phone Number of Issuer

SALT LAKE CITY

UTAH

84101

(385) 269-0203

3. Related Persons

Last Name

First Name

Middle Name

GIBSON

CHRISTOPHER

Street Address 1

Street Address 2

41S RIO GRANDE STREET

City

State/Province/Country

ZIP/PostalCode

SALT LAKE CITY

UTAH

84101

C.

Relationship: X Executive Officer X Director X Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

BORGESON

BLAKE

C.

Street Address 1

Street Address 2

41S RIO GRANDE STREET

City

State/Province/Country

ZIP/PostalCode

SALT LAKE CITY

UTAH

84101

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name DAR **ZAVAIN Street Address 1 Street Address 2** 1600 EL CAMINO REAL **SUITE 290** City **State/Province/Country** ZIP/PostalCode **MENLO PARK CALIFORNIA** 94025 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name **ZACHARY BOGUE Street Address 1 Street Address 2** 317 UNIVERSITY AVENUE **SUITE 200** ZIP/PostalCode City State/Province/Country PALO ALTO **CALIFORNIA** 94301 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name **DEAN** LI **Street Address 1 Street Address 2 41S RIO GRANDE STREET** City **State/Province/Country** ZIP/PostalCode SALT LAKE CITY **UTAH** 84101 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name **HERSHBERG ROBERT Street Address 1 Street Address 2** 41S RIO GRANDE STREET ZIP/PostalCode City **State/Province/Country** SALT LAKE CITY UTAH 84101 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name **TERRY-ANN BURRELL Street Address 1 Street Address 2** 41S RIO GRANDE STREET State/Province/Country City ZIP/PostalCode SALT LAKE CITY UTAH 84101 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name **CHAVEZ** R. **MARTIN Street Address 1 Street Address 2 41S RIO GRANDE STREET**

State/Province/Country

ZIP/PostalCode

City

SALT LAKE CITY UTAH 84101

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

SECORA MICHAEL

Street Address 1 Street Address 2

41S RIO GRANDE STREET

City State/Province/Country ZIP/PostalCode

SALT LAKE CITY UTAH 84101

Relationship: X Executive Officer Director X Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing
Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology

Insurance Hospitals & Physicians Computers

Investment Banking X Pharmaceuticals Telecommunications
Pooled Investment Fund Other Health Care Other Technology

Pooled Investment Fund

Other Health Care

Other Technology

Is the issuer registered as

Manufacturing

Travel

Real Estate

Airling & Airport

the Investment Company
Act of 1940?

Real Estate

Commercial

Real Estate

Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Real Estate

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Coal Mining

Energy Conservation

Environmental Services

Oil & Gas

Electric Utilities

Other Energy

5. Issuer Size

\$100,000,000

Energy

Revenue Range OR Aggregate Net Asset Value Range

No Revenues No Aggregate Net Asset Value

\$1 - \$1,000,000 \$1 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000

\$25,000,000 \$25,000,001 -\$100,000,000 \$50,000,001 - \$100,000,000

Over \$100,000,000

X Decline to Disclose
Not Applicable

Over \$100,000,000

Decline to Disclose
Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))	Investment Company Act Section 3(c)		
Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) X Rule 506(b) Rule 506(c) Securities Act Section 4(a)(5)	Section 3(c)(2)	Section 3(c)(10)	
	Section 3(c)(3)	Section 3(c)(11)	
	Section 3(c)(4)	Section 3(c)(12)	
	Section 3(c)(5)	Section 3(c)(13)	
	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7)		

7. Type of Filing

X New Notice Date of First Sale 2020-09-01 First Sale Yet to Occur Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity
Debt
Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
Other Right to Acquire Security

Pooled Investment Fund Interests
Tenant-in-Common Securities
Mineral Property Securities
Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?

Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient Recipient CRD Number X None

(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

State(s) of Solicitation (select all that apply)
Check "All States" or check individual
States

All
States

Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$235,506,731 USD or Indefinite

Total Amount Sold \$235,506,731 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

20	
130	
_	

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate
Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
RECURSION PHARMACEUTICALS,	/s/ Christopher C.	Christopher C.	Chief Executive	2020-09-
INC.	Gibson	Gibson	Officer	15

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all

instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.