Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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* CHAVEZ R. MARTIN					2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [RXRX]									k all app Direc	tor	ng Pers	10% Ov	vner	
(Last) (First) (Middle) C/O RECURSION PHARMACEUTICALS 41 S. RIO GRANDE STREET						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021									Office below	er (give title		Other (s below)	specify
(Street) SALT LA CITY (City)	U'.		4101 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)						Execution Da			3. Transaction Code (Instr. 8)					, 4 and Secur Benef		cially I Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount	(A) (D)	or Pr	ice	Transa	ransaction(s) nstr. 3 and 4)			(1115411 4)
Class A Common Stock 07/01/2				2021				A		521(1)	A \$		0.00(1)	6,771			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)	or Exercise (Month/Day/Year) if any			Transa	ansaction of ode (Instr. Derivative		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De See (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	0. ovmership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		Date Expiration Date		Title	of Share	s								

Explanation of Responses:

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

Remarks:

/s/ Nathan Hatfield, attorney-

in-fact

** Signature of Reporting Person Date

07/06/2021

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.