Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**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*  Secora Michael						2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [ RXRX ]									ck all app Direc	licable) tor er (give title		erson(s) to Issuer  10% Owner Other (specify	
(Last) (First) (Middle) C/O RECURSION PHARMACEUTICALS 41 S. RIO GRANDE STREET				5	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2022								Λ	below	) Chief Fina	ncial	below) Officer		
(Street) SALT LA	AKE U	UT 84101				4. If Amendment, Date of Original Filed (Month/Day/Year) 02/08/2022								Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				on
(City)	(Si		Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Exec if an	eemed ution Date, ' th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (. Disposed Of (D) (Instr. 3 5)			4 and Securi Benefi		ties Fo cially (D) I Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) ( (D)	or Pr	ice	Transa	action(s) 3 and 4)			(	
Class A Common Stock 02/04/2					2022				A <sup>(1)</sup>		58,342	A	.   \$	0.00	589	,101(2)		D	
Class A Common Stock 02/04/2					2022				A <sup>(3)</sup>		1,957	A	. \$	0.00	591	,058 <sup>(2)</sup>		D	
Class A Common Stock 02/04/2					2022				F		678	D		511.4	4 590,380 <sup>(2)</sup>			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)	2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Execution Date (Month/Day/Year) (Month/Day/Year)		ion Date,	n Date, Transact Code (In				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Di Si (II	Price of erivative ecurity nstr. 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 Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

- 1. This RSU vests as to one one-sixteenth (1/16th) of the units subject the RSU on May 15, 2022 and every three months thereafter.
- 2. Includes 1,388 shares purchased pursuant to the Issuer's Employee Stock Purchase Plan on November 22, 2021 and 609 shares received pursuant to a pro rata distribution from Catalio Nexus Fund II, LP, of which the Reporting Person was a limited partner (the acquisition of such shares from Catalio was inadvertently excluded from the total shares held in the original Form 4 filing and is exempt pursuant to Rule 16a-9).
- 3. This RSU vested immediately upon the grant date.

## Remarks:

/s/ Jonathan Golightly, attorney-in-fact

04/28/2023

\*\* 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.