FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Borgeson Blake						2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [RXRX]								Rela Check	tionship of Reportin all applicable) Director		10% O		wner
(Last)	(Last) (First) (Middle) C/O RECURSION PHARMACEUTICALS					3. Date of Earliest Transaction (Month/Day/Year) 07/23/2024										Officer (give title below)		Other (specify below)	
41 S. RIO GRANDE STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)					.
(Street) SALT LA	LT LAKE LIT 84101													V	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	(State) (Zip)				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.											nded to		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You					Executi (ear) if any		emed ion Date, /Day/Year)					Acquired (A) or (D) (Instr. 3, 4 a		5)	Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)
Class A Common Stock 07/23/202					24				S ⁽¹⁾		11,447	D	\$8.477	4(2)	7,155,663			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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Date	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. This transaction is pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 18, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$7.94 to \$8.68. The price reported above reflects the weighted average sale price. The Reporting Person undertakes to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sale price.

Remarks:

/s/Jonathan Golightly, attorney-in-fact

** Signature of Reporting Person Date

07/25/2024

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.