SEC For	m 4 FORM	4	UNITED) STA	TE	S SI						NGE	COM	IMIS	SION					
		Washington, D.C. 20549											OME			/AL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						rsuant	to Sectio	on 16(a	a) of the Se	ecurit	ies Exchar	RSH	IIP	Estima	OMB Number: 32 Estimated average burden hours per response:					
1. Name and Address of Reporting Person* <u>HERSHBERG ROBERT</u> (Last) (First) (Middle)					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [RXRX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)					ner	
C/O RECURSION PHARMACEUTICALS 41 S. RIO GRANDE STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/14/2022															
(Street) SALT LAKE CITY UT 84101					4.1	Line)										oint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting				
(City)	(S	tate)	(Zip)																	
		Tal	ble I - Nor	n-Deriv	ativ	e Se	curitie	s Ac	quired,	Dis	posed o	of, or B	enefic	cially	Owned					
Date				2. Transa Date (Month/E		ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		, Transaction Di Code (Instr.			ecurities Acquired (A) oosed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo Reported	s Form ally (D) o ollowing (I) (In		Direct Indirect str. 4) (7. Nature of ndirect Beneficial Dwnership Instr. 4)	
									Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)				1150.4)	
Class A Common Stock 06/14					/202	2022			A		18,145 ⁽¹⁾ A		\$	0.00	26,007			D		
			Table II -												wned					
	-					call	-		s, option			1								
1. Title of Derivative Security (Instr. 3)	tive Conversion Date ty or Exercise (Month/Day/Year		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ive ies ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		1	3. 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)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Sh	ber						
Stock Option (right to buy)	\$6.2	06/14/2022			Α		36,290		06/14/2023	3 0	6/14/2032	Class A Commor Stock	36,2	290	\$0.00	36,29	0	D		
Stock Option (right to buy)	\$ 18								04/15/2022	2 0	4/15/2031	Class A Commor Stock	12,5	500		12,50	0	D		

Explanation of Responses:

\$2.22

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 14, 2023 or the day prior to the Issuer's 2023 annual meeting of stockholders.

(2)

2. One forty-eighth (1/48th) of the shares subject to the award shall vest one month after March 16, 2020, or the Vesting Commencement Date, and one forty-eighth (1/48th) of the shares subject to the award shall vest each month thereafter on the same day of the month as the Vesting Commencement Date.

Remarks:

Stock

Option (right to buy)

> /s/ Nathan Hatfield, attorney-infact 06/16/2022

525,000

D

** Signature of Reporting Person Date

525,000

Class A

Common Stock

03/19/2030

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.