SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] <u>MIC Capital Partners (Public)</u> <u>Parallel Cayman, LP</u>			2. Date of E Requiring S (Month/Day 11/01/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>RECURSION PHARMACEUTICALS, INC.</u> [RXRX]					
(Last) (First) (Middle) C/O WALKERS CORPORATE LIMITED 190 190 ELGIN AVENUE				4. Relationship of Reporting Person(s Issuer (Check all applicable) Director X 10% (Officer (give Other title below) below)wner (specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 04/16/2021			
(Street) GEORGE TOWN, GRAND CAYMAN	E9	KY1-9008	_						eck Applicable Form filed Person Form filed	by One Reporting by More than One
(City)	(State)	(Zip)								
		Ta	able I - Non	-Derivat	ive Securities Benefi	cially O	wned			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Own Form: I (D) or II (I) (Inst	Direct Ownership (Instr. 5) Indirect			
Class A Com	mon Stock				1,388,889		I S	See E	Explanation	of Responses ⁽¹⁾⁽²⁾
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) Expiration Da (Month/Day/Y			ate	Underlying Derivative Security Conver		4. Conversi or Exerci	ion ise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivativ Security	/e	Direct (D) or Indirect (I) (Instr. 5)	5)
1. Name and Ad <u>MIC Capit</u> <u>Cayman, I</u>	tal Partne	orting Person [*] <u>rs (Public) 1</u>	<u>Parallel</u>							
(Last) (First) (Middle) C/O WALKERS CORPORATE LIMITED 190 190 ELGIN AVENUE										
(Street) GEORGE TOWN, GRAND CAYMAN	E9	KY	r1-9008	_						
(City)	(State)	(Zip)	-						
1. Name and Address of Reporting Person* <u>MIC Capital Management UK LLP</u>										
(Last) FLOOR 7	(First)	(Mid	ddle)							

25 BERKELEY SQUARE							
(Street) LONDON	X0	W1J 6HN					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person [*] <u>MIC CAPITAL PARTNERS (PUBLIC)</u> (<u>US) IM, LLC</u>							
(Last) (First) (Middle) AL SILA TOWER, 22ND FLOOR ADGM SQUARE							
(Street) AL MARYAH ISLAND ABU DHABI	C0	00000					
(City)	(State)	(Zip)					

Explanation of Responses:

1. MIC Capital Management UK LLP ("MIC UK") is the investment manager of MIC Capital Partners (Public) Parallel Cayman, LP ("MIC Cayman"), which directly holds 1,388,889 shares of Class A Common Stock. This amendment to the Form 3 filed on April 20, 2021 is being filed because as of November 1, 2021 MIC UK replaced MIC Capital Partners (Public) (US) IM, LLC as the investment manager of MIC Cayman.

2. Pursuant to Rule 16a-1(a)(4) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), this filing shall not be deemed an admission that the Reporting Persons are, for purposes of Section 16 of the Exchange Act or otherwise, the beneficial owners of any equity securities in excess of their respective pecuniary interests.

<u>/s/ Rodney Cannon, MIC</u>	
<u>Capital Partners (Public)</u>	<u>11/03/2021</u>
<u>Parallel Cayman, LP</u>	
/s/ Rodney Cannon, MIC	
Capital Management UK	<u>11/03/2021</u>
<u>LLP</u>	
<u>/s/ Rodney Cannon,</u>	
<u>General Counsel, MIC</u>	11/03/2021
<u>Capital Partners (Public)</u>	11/05/2021
(<u>US) IM, LLC</u>	
** Signature of Reporting	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 5 (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.