FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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] | | | | | | | | | | | all app | | | 10% Ov | wner |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|-----------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|--------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|---------|
| (Last) | t) (First) (Middle) RECURSION PHARMACEUTICALS | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024 | | | | | | | | | | | | Officer (give title below) | | Other (s | specify |
| 41 S. RIO GRANDE STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | · . | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) SALT LA | LAKE UT 84101 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (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. | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Ye | Execution [| | n Date, Tr | | Transaction Code (Instr. | | 4. Securities Acqui Disposed Of (D) (In | | Acquire D) (Inst | quired (A) or (Instr. 3, 4 and | | Securi Benefi | cially I Following | Forr (D) o | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code V | | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | (| , | (|
| Class A Common Stock 02/20/202 | | | | 4 | 1 | | | S ⁽¹⁾ | | 19,74 | 5 | D | \$12.31 | 17(2) | 7,293,172 | | | D | | |
| Class A Common Stock 02/20/2024 | | | 4 | | | | S ⁽¹⁾ | | 309 | | D | D \$13.0432 | | 7,292,863 | | | 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) | ive Conversion Date y or Exercise (Month/Day/Year) Execution Date, if any | | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cod | | v | (A) | (D) | Date) Exercis | | Expiration le Date | | Title | Amount or Number of Shares | r | | | | | |

Explanation of Responses:

- $1.\ Sales\ are\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ August\ 18,\ 2023.$
- 2. The sales price reported herein is a weighted average price. These shares were sold in multiple lots at prices ranging from \$11.97 to \$12.96 per share. Full sale price information for each lot is available to the Issuer's stockholders and the staff of the U.S. Securities and Exchange Commission upon their written request.
- 3. The sales price reported herein is a weighted average price. These shares were sold in multiple lots at prices ranging from \$12.98 to \$13.08 per share. Full sale price information for each lot is available to the Issuer's stockholders and the staff of the U.S. Securities and Exchange Commission upon their written request

Remarks:

/s/ Jonathan Golightly, attorney-in-fact

** Signature of Reporting Person Date

02/21/2024

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.