FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549			

	OIVIB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-4(x). See health stiffs.

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

1(c). Si	ee Instruction	10.																	
Name and Address of Reporting Person* Dar Zavain				2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS,								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Dai Zavaiii			INC. [RXRX]							Director			10% Owner						
(Last)	(Fi	rst) (I	Middle)		- Invertigation						Offic belo	cer (give title w)		Other (s	specify				
C/O RECURSION PHARMACEUTICALS			3. Date of Earliest Transaction (Month/Day/Year)																
41 S. RIO GRANDE STREET				10/01/2024															
(Street)										6. Individual or Joint/Group Filing (Check Applicable Line)									
SALT L	AKE.														-/	n filed by On	e Ren	ortina Perso	n l
CITY	U'	Γ 8	34101													n filed by Mo		•	
,															Per				9
(City)	(S	tate) (Z	Zip)																
		Table	I - Nor	ı-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date		Date,	Transaction Disposed Of Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3,			nd Secui Bene Owne	icially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	t (A) or (D)		Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock 10/01/2				/2024			A ⁽¹⁾	2,229		T	Α	\$() 1	106,225		D			
		Tal	ble II - I	Derivati	ve Se	curi	ties /	Acqui	ired, D	ispo	osed of,	or B	Bene	icia	ly Owne	ed	<u>, </u>		
			((e.g., pu	ıts, ca	alls, v	warra	ants,	option	ıs, c	onvertib	le s	ecur	ities)				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities pired r osed)	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)		Own Forr Dire or In (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nu of	ount mber ares					

Explanation of Responses:

1. The shares were issued pursuant to the Issuer's Outside Director Compensation Policy.

Remarks:

/s/ Jonathan Golightly, attorney-in-fact

10/04/2024

attorney-in-fact** 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.