| SEC For | rm 4 FORM | 4 U | NITE | ED STAT | ES | SEC | URITIE | ES A | ND | EXCHA | NGE | сом | MISSIO | N | | |
|--|---------------------------------|--|----------------|--|---|--------------------|-------------------------|--|--|--|---|---|---|---|---------|------------------------------|
| | | | | Washington, D.C. 20549 | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | pursua | ant to S | ection 16(a | a) of the | e Secu | ENEFICIA Irities Exchang Company Act | | | OMB Number: 3 Estimated average burde hours per response: | | | |
| 1. Name and Address of Reporting Person [*] Borgeson Blake (Last) (First) (Middle) | | | | RE | 2. Issuer Name and Ticker or Trading Symbol <u>RECURSION PHARMACEUTICALS</u> , <u>INC.</u> [RXRX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below) | | | |
| C/O RECURSION PHARMACEUTICALS 41 S. RIO GRANDE STREET | | | | | | ate of E 07/202 | | nsactior | ı (Mon | th/Day/Year) | | | | | | |
| (Street) SALT LAKE CITY (City) (State) (Zip) | | | | 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 Form filed by More than One Reporting Person | | | | |
| (City) | (01 | | | on Doriva | | Social | itios Ac | auiro | d D | isposed o | forP | lonofici | | od | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y) | | | n : (ear) i | n 2A. Deemed Execution Date, | | | action Instr. | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 | | | or 5. Amount and 5) Securities Beneficial Owned Fo Reported | | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | | action(s) 3 and 4) | | |
| Class A Common Stock 03/07/202 | | | | 23 | | | S ⁽¹⁾ | | 8,885 | D | \$8.327 | 4 ⁽²⁾ 7,5 | 85,172 | D | | |
| | | Та | ble II | | | | | | | posed of, convertik | | | | d | | |
| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | | Deemed ution Date, / | 4. 5. Number Transaction Code (Instr. Derivative | | | Expi | 6. Date Exercisable and Expiration Date (Month/Day/Year) Securitie | | | nt of | 8. Price of Derivative Security | 9. Number derivative Securities | Ownersh | ip of Indirect Beneficial |

| | Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | | | Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) | |
|--|--------------------------------------|---|--------------------------|---|--------------------|-----|-----|---------------------|-------------------------------------|-------|---|--|------------------------|--|---|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Sales are pursuant to a 10b5-1 trading plan established by the Reporting Person.

2. The sales price reported herein is a weighted average price. These shares were sold in multiple lots at prices ranging from \$8.10 to \$8.49 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

03/09/2023

** 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.