FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

	Check this box if no longer subject to
1	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

100	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-
	1(c) See Instruction 10

1. Name ar	nd Address of	Reporting Person*							er or Tr		Symbol					o of Reportir	ng Pers	son(s) to Is	suer			
Chen Richard						Personalis, Inc. [PSNL]									k all app Direc	,		10% Ov	wner			
,					\vdash									V	Office	er (give title		Other (s	specify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024									CHIEF MEDICAL OFFICER AND EV							
	SONALIS	,			12/1	15,10,2021																
6600 DU	MBARTO	4 If A	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
(Street)					7. "/	TITICITO	mont,	Date	n Ongin	ai i iic	a (Month) Da	iy/ i cai	,	Line)								
FREMO	NT CA	A 9	4555			Form filed by One Report Form filed by More than C									•							
															Perso		re man	i One Repo	orung			
(City)	(St	ate) (2	Zip)																			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	icially	/ Own	ed						
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,		Date,	3. 4. Securitie Disposed C Code (Instr. 8)			s Acqu Of (D) (I	ired (A nstr. 3,) or 4 and	Securi Benefi	cially I Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pi	ice	Transa	ction(s) 3 and 4)			(mstr. 4)			
Common Stock 12/16/20						024			S		4,834(1)	Г	\$	3.82(2)	123,886			D				
		Tal	ble II -								osed of, convertib				Owne	d		,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	rice of ivative urity tr. 5) 8. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	11. Natur of Indired Beneficia Ownersh (Instr. 4)			
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Amo or Num of Title Shar		er								

Explanation of Responses:

- 1. Shares automatically sold to cover tax withholding obligation from settlement of vested restricted stock units.
- 2. The price reported above reflects the weighted average price of the shares sold. The sale price ranged from \$3.65 to \$3.91 per share. Upon request from the SEC staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

/s/ Aaron Tachibana, Attorney-in-Fact

12/18/2024

** 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.