FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## 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*     Moore Stephen Michael					2. Issuer Name and Ticker or Trading Symbol Personalis, Inc. [ PSNL ]									ck all app Direc	tionship of Reporting all applicable) Director		10% Ov	wner	
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2024									V	below	Officer (give title below)  SVP and Chief		Other (s below) gal Office	` '
6600 DUMBARTON CIRCLE				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)								
(Street) FREMONT CA 94555												7	Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(State) 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.											nded to						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution			Date,	3. Transa Code ( 8)					) or 4 and	Securit Benefic Owned	Amount of curities neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 06/17/2					2024				S		1,585(1)	D	\$	1.29(2)	69,081			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)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or 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 Exercis	sable	Expiration Date	Title	Amou or Numb of Share	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 \$1.27 to \$1.29 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, 06/20/2024

\*\* Signature of Reporting Person

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.