FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| 1 | 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 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

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. Name and Address of Reporting Person* <u>Tachibana Aaron</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Personalis, Inc. [PSNL] | | | | | | | | | ationship of Report k all applicable) Director | | 10% C | | owner |
|---|---|---|---|------------------------------------|--------------------------------|--|-----|------------|---|---|--|------------|---|---|--|------------------------------|--|--|---|
| (Last) | ust) (First) (Middle) O PERSONALIS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2023 | | | | | | | | X | below) | | Other (sp below) nd COO | | pecity |
| 6600 DUMBARTON CIRCLE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | r) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FREMONT CA 94555 | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| (City) | _ | 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. | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | ion 2A. Deemed Execution Date | | | i Date, | 3. 4. Securities Acc Transaction Code (Instr. 5) | | | | s Acquired (A) or f (D) (Instr. 3, 4 and | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Report Transa (Instr. | ted action(s) 3 and 4) | | | |
| Common Stock 07/31/2 | | | | | | 2023 | | | S | | 662(1) | |) \$ | \$2.26 | | 3,328 | D |) | |
| | | Tab | | Derivativ (e.g., pur | | | | | | | | | | | Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | eemed tion Date, n/Day/Year) | 4. Transac Code (I 8) | saction Periodic Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date E Expiratio (Month/I | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | Der Ser (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4) | Ov Fo Dir or (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 | | Expiration Date | Title | or Number of | er | | | | | |

Explanation of Responses:

1. Shares automatically sold to cover tax withholding obligation from settlement of vested restricted stock units.

Remarks:

/s/ Aaron Tachibana

08/02/2023

** 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).
- $^{\star\star} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 ff(a).$

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.