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

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Response	s)										
1. Name and Address of Reporting Person – Kuvalanka Kyle D.			2. Issuer Name <b>an</b> Syros Pharmaceu			0.0	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DRIVE, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2017						XOfficer (give title below)  Other (specify below)   Officer Officer		
(Street) CAMBRIDGE, MA 02139			4. If Amendment, Date 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) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	-	(Instr. 8)			isposed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exer	rcisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	Securities		Securities (Ins		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	h	(		(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or								Direct (D)	
						Disposed	d of						1	or Indirect	
						(D) (In star 2	4						Transaction(s)	· /	
						(Instr. 3, and 5)	4,						(Instr. 4)	(Instr. 4)	
						and 5)	-								
											Amount				
								Date	Expiration		or North co				
								Exercisable	Date		Number of				
				Code	v	(A)	(D)				Shares				
G. 1				Code	•	(11)	(D)				Shares				
Stock										_					
Option	\$ 10.9	02/10/2017		А		78,000		(1)	02/09/2027	Common Stock	78 000	\$ 0	78,000	D	
(right to	φ 10.9	02/10/2017		11		, 0,000			02/09/2027	Stock	/0,000	ΨΟ	70,000	D	
buy)															

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kuvalanka Kyle D. C/O SYROS PHARMACEUTICALS, INC. 620 MEMORIAL DRIVE, SUITE 300 CAMBRIDGE, MA 02139			Chief Operating Officer				

## **Signatures**

/s/ Kyle D. Kuvalanka	02/10/2017
***Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* 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).
- (1) This option becomes exercisable as to 25% of the shares underlying the award on February 10, 2018, with the remainder vesting in equal monthly installments of 2.0833% of the shares underlying the award at the end of each successive month thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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