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

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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	es)											
1. Name and Address of Roth David	2. Issuer Name an Syros Pharmaceu			· ·	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O SYROS PHAR MEMORIAL DRIV		CONTO COO	3. Date of Earliest Transaction (Month/Day/Year) 02/16/2018					X_Officer (give title below) Other (specify below) Chief Medical 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)	Ta	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securities Acquired		uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code	Code		(A) or Disposed of (D)		Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	(Instr. 8)	(Instr. 8)		(Instr. 3, 4 and 5)		Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(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	5. Number 6. Date Exercisable and		rcisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of E		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivative (Month/		(Month/Day	ay/Year) Underlyin			Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie	Securities		Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquire	cquired		(Instr. 3 and 4)				2	(Instr. 4)	
	Security					(A) or							Direct (D)		
						-	Disposed of					1	or Indirect		
							(D)					Transaction(s)	· /		
						(Instr. 3, 4, and 5)					(Instr. 4)	(Instr. 4)			
											Amount				
								Date	Expiration		or				
								Exercisable	Date	Title	Number				
				Code	v	(A)	(D)				of Shares				
-				Coue	v	(A)	(D)				Shares				
Stock															
Option	\$ 10.09	02/16/2018		А		75,000		(1)	02/15/2028	Common Stock	75 000	\$ 0	75,000	D	
(right to	\$ 10.09	02/10/2018		\mathbf{n}		75,000			02/15/2028	Stock	/3,000	ψŪ	75,000	D	
buy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Roth David C/O SYROS PHARMACEUTICALS, INC. 620 MEMORIAL DRIVE, SUITE 300 CAMBRIDGE, MA 02139			Chief Medical Officer					

Signatures

/s/ David Roth	02/20/2018	
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 28, 2019, 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.