FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0	287			
Estimated average burden					
nours per response	э	0.5			

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

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

Name and Address of Reporting Person * AKKARAJU SRINIVAS			2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DRIVE, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year)							r (give title belo	w)	Other (specify b	pelow)	
(Street)			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					
CAMBRIDGE, MA 02139 (City) (State) (Zip) T				Tal	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		I	2. Transaction Date Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. 7 Ownership of Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)				Ownership (Instr. 4)
Common	Stock	(01/31/2018		P		209,42	4 A	\$ 9.55	1,059,93	38		I	see footnote 1 (1)
Reminder: I indirectly.	Report on a s	separate line for	r each class of seco	urities beneficially of		·								
	Report on a s	separate line for	r each class of sec	urities beneficially o		Pers	ons wh	this fo	rm are	not req	uired to re	formation espond un atrol numb	less	EC 1474 (9- 02)
	Report on a s	separate line for	Table II - I	nrities beneficially of the securities beneficially of the securities.g., puts, calls, wa	es Acquire	Pers cont the f	sons wh tained in form dis	this for plays a of, or Ben	rm are curre	not req	uired to re d OMB cor	spond un	less	,
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - I (3A. Deemed Execution Defeat) (any)	Derivative Securiti e.g., puts, calls, wa 4. Transaction Code Year) (Instr. 8)	es Acquire rrants, op 5. Number	Pers cont the f ed, Di tions,	sons who tained in form dissisposed of converted to the experience of the experience	this for plays a of, or Ben ible secu cisable on Date	rm are curre reficial rities) 7. Ti Amo Undo Secu	not req	uired to red OMB cor	spond un	of 10. Owners: Form of Derivati Security Direct (i or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

5 4 6 5 44	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
AKKARAJU SRINIVAS					
C/O SYROS PHARMACEUTICALS, INC.	X				
620 MEMORIAL DRIVE, SUITE 300	Λ				
CAMBRIDGE, MA 02139					

Signatures

/s/ Srinivas Akkaraju	02/02/2018
***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) Shares held by Samsara BioCapital, L.P. ("Samsara BioCapital"). The reporting person is a managing member of Samsara BioCapital GP, LLC, the general partner of Samsara BioCapital. The Reporting Person disclaims beneficial ownership of these shares except to the extent of the Reporting Person's pecuniary interest therein.

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.