# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

#### 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

	pe Response													
1. Name and Address of Reporting Person* Alles Mark J			2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 35 CAMBRIDGEPARK DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2020					Office	r (give title belo	ow)	Other (specify b	elow)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
CAMBRIDGE, MA 02140 (City) (State) (Zip)			Table I - Non-Derivative Securities Acou					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		I	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i	3. Transaction Code (Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ired f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		ies Following	6. Ownership Form:	Beneficial
				(Month/Day/Yea	Code	V	Amount (A) or (D)		Price	(Instr. 3 a	. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/13/2020		P		10,000	$A = \begin{bmatrix} \$ \\ 8 \end{bmatrix}$	S 3.859	10,000			D	
Reminder:	Report on a s	separate line for	each class of secur	rities beneficially	owned dire	⊸ *			nd to t	he collec	ction of inf	ormation	SEC	1474 (9-02)
Reminder:	Report on a s	separate line for	Table II -	Derivative Securi	ties Acqu	Personnia the fired, D	sons whatained in form dis	no respor n this for splays a c	m are currer eficiall	not requ itly valid	ired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security		3. Transaction	Table II -  3A. Deemed Execution Da		ties Acqu varrants, o	Pers cont the fired, D potions 6. D and (Mc/e) s	sons whatained in form dis	no respon no this for splays a coof, or Bend tible secur cisable on Date	eficiallrities) 7. Ti Amo Unde	not requitly valid  y Owned  tle and unt of erlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indire Benefic: (Instr. 4

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Alles Mark J C/O SYROS PHARMACEUTICALS, INC. 35 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140	X					

# **Signatures**

/s/ Gerald E. Quirk, as attorney-in-fact	05/13/2020
**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).

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.