FORM 4

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

OMB APPROVAL
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 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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person * Stephens Kristin					2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 35 CAMBRIDGEPARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2022						X Officer (give title below) Other (specify below) Chief Development Officer				
(Street) CAMBRIDGE, MA 02140				4. If	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 Acqui						ired, Disposed of, or Beneficially Owned				
			2. Transaction Date (Month/Day/Yea	Exectany	Deemed cution Date, if nth/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial	nt of Securities Illy Owned Following Transaction(s)		Form:	7. Nature of Indirect Beneficial Ownership
					(Code	V	Amoun	(A) or (D)	Price	(,		\ /	(Instr. 4)
Common Stock 04/01/2022					F ⁽¹⁾		14,115	5 D	\$ 1.12	30,885			D		
			Table II			es Acquire	ed, Di	sposed o	of, or Ben	eficiall	·	OMB cont	roi numbe		
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deeme Execution	(e.g.,) d Date, if	puts, calls, wa 4. Transaction Code (Instr. 8)	rrants, options, c 5. 6. Date and Ex (Month Derivative Securities Acquired A) or Disposed		expiration Date th/Day/Year)		7. Ti Amo Unde Secu	tle and ount of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(Ownersh Form of Derivati Security Direct (I or Indirects)	Ownership: (Instr. 4) D) ect
						of (D) (Instr. 3, 4, and 5)	Date Exer	Expiration Date		Title	Amount or Number of		(Instr. 4)	(Instr. 4	
Repor	ting O	wners			Code V	(A) (D)					Shares				
n	onorting O	mor Nema / A	ddross			Relati	onshi	ps							
Reporting Owner Name / Address				Directo	irector 10% Officer					0	ther				

Chief Development Officer

Owner

Signatures

Stephens Kristin

/s/ Kristin Stephens	04/04/2022				
**Signature of Reporting Person	Date				

C/O SYROS PHARMACEUTICALS, INC.

35 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140

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) Represents shares used to cover tax withholding on a Restricted Stock Unit release.

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.