## FORM 4

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

OMB APPE	ROVAL
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

Name and Address of Reporting Person * Eckhardt Sue Gail		Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]      Date of Earliest Transaction (Month/Day/Year)     06/01/2022					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director							
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 35 CAMBRIDGEPARK DRIVE														
(Street) CAMBRIDGE, MA 02140			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_1	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 Acqu					es Acquired,	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		Execution Date, if Cod		Code (Instr.	(.			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)			
			Table II -				display	form are not r rs a currently osed of, or Bend onvertible secur	valid OMB	control n		e form		
1. Title of Derivative Security (Instr. 3)		nversion Date Exercise (Month/Day/Year) Exercise ce of rivative	3A. Deemed Execution Date, if	4. 5. Nu of De Code Secur (Instr. 8) Acqu or Dis of (D)		fumber 6. Date Expiration (Month/D bisposed D) tr. 3, 4,		ercisable and	7. Title and			9. Number of Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivative Security: Direct (D) or Indirec	Beneficia Ownershi (Instr. 4)
(msu. 3)	Derivative Security				Acquor Di of (D (Instr	sposed  3, 4,	· ·		of Underlyi Securities (Instr. 3 and	Ü	Security	Securities Beneficially Owned Following	Derivative Security: Direct (D) or Indirect	of Indirect Beneficial Ownersh (Instr. 4)
(msu. 5)	Derivative				Acquor Di of (D (Instr	ired (A) sposed ) . 3, 4,	Date Exercisable	y/Year)  Expiration	Securities	Ü	Security	Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D) or Indirect	p of Indired Beneficial Ownersh (Instr. 4)

### **Reporting Owners**

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

### **Signatures**

/s/ Todd Rosenthal, as attorney-in-fact	06/02/2022
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- $\mbox{\ensuremath{\star}}$  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) The option becomes exercisable as to 50% of the shares underlying the award on the six month anniversary of the date of grant, with the remainder vesting in equal monthly installments until the first anniversary of the date of grant, subject to the reporting person's continued service as a director through each applicable vesting date.

#### Remarks

Exhibit 24: Power of Attorney

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.

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Nancy Simonian, Jason Haas and Todd Rosenthal, signing singly and each acting individually, as the undersigned's true and lawful attorney-in-fact with full power and authority as hereinafter described to:

- (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Syros Pharmaceuticals, Inc. (the "Company"), Forms 3, 4, and 5 (including any amendments thereto) in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder (the "Exchange Act");
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to prepare, complete and execute any such Form 3, 4, or 5, prepare, complete and execute any amendment or amendments thereto, and timely deliver and file such form with the United States Securities and Exchange Commission (the "SEC") and any stock exchange or similar authority, including without limitation the filing of a Form ID or any other application materials to enable the undersigned to gain or maintain access to the Electronic Data Gathering, Analysis and Retrieval system of the SEC;
- (3) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information regarding transactions in the Company's securities from any third party, including brokers, employee benefit plan administrators and trustees, and the undersigned hereby authorizes any such person to release any such information to such attorney-in-fact and approves and ratifies any such release of information; and
- (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming nor relieving, nor is the Company assuming nor relieving, any of the undersigned's responsibilities to comply with Section 16 of the Exchange Act. The undersigned acknowledges that neither the Company nor the foregoing attorneys-in-fact assume (i) any liability for the undersigned's responsibility to comply with the requirement of the Exchange Act, (ii) any liability of the undersigned for any failure to comply with such requirements, or (iii) any obligation or liability of the undersigned for profit disgorgement under Section 16(b) of the Exchange Act.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 3rd day of March, 2022.

Signature

/s/ S. Gail Eckhardt

S. Gail Eckhardt Print Name