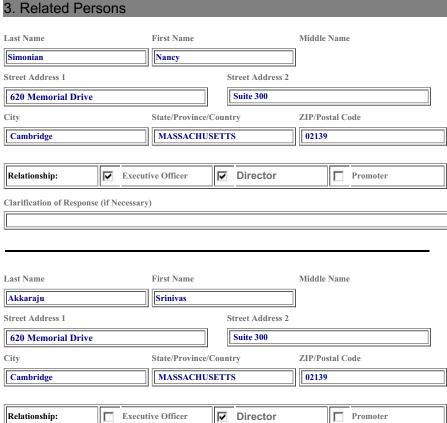


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hour per response: 4.0

	Washington	n, D.C.	Estimated Average burden hours per response: 4.0
1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	☐ None	Entity Type
0001556263	LS22, Inc.		• Corporation
Name of Issuer			C Limited Partnership
Syros Pharmaceuticals, Inc.			C Limited Liability Company
Jurisdiction of Incorporation/Organization			C General Partnership
DELAWARE			C Business Trust
Year of Incorporation/Organiza	tion		C Other
⊙ Over Five Years Ago			
O Within Last Five Years (Specify Year)			
O Yet to Be Formed			
2. Principal Place of Name of Issuer	Business and	Contact Info	mation
Syros Pharmaceuticals, Inc.			
Street Address 1		Street Address 2	
620 MEMORIAL DRIVE		SUITE 300	
City	State/Province/Country	ZIP/Postal Cod	le Phone No. of Issuer
CAMBRIDGE	MASSACHUSETTS	02139	617-744-1340
3. Related Persons			
Last Name	First Name		liddle Name



Clarification of Response	e (if Necessary)			
Last Name	First Name		Middle Name	
Nashat	Amir			
Street Address 1		Street Address 2	2	
620 Memorial Drive		Suite 300		
City	State/Province	/Country	ZIP/Postal Code	
Cambridge	MASSACHU	USETTS	02139	
Relationship:	Executive Officer	Director	Promoter Promoter	
Clarification of Response	e (if Necessary)			
				_
Last Name	First Name		Middle Name	
Wirth	Peter			
Street Address 1		Street Address 2	<u> </u>	
		Suite 300		 1
620 Memorial Drive				
City	State/Province		ZIP/Postal Code	
Cambridge	MASSACHU	USETTS	02139	
	1000	1		
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response	(if Nacassary)			
Last Name	First Name		Middle Name	
Nelsen	Robert			
Street Address 1		Street Address 2	2	
620 Memorial Drive		Suite 300		
City	State/Province	/Country	ZIP/Postal Code	
Cambridge	MASSACHU	USETTS	02139	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response	e (if Necessary)			
Last Name	First Name		Middle Name	
Sato	Vicki			
Street Address 1		Street Address 2	2	
620 Memorial Drive		Suite 300		
City	State/Province		ZIP/Postal Code	
	MASSACHU		02139	
Cambridge	MASSACHU	002110	U4137	
Relationship:	Executive Officer	Director	Promoter	
Relationship:		Director	Promoter	

Last Name		First Name		Middle Name	
Sharp		Philip			
Street Address 1			Street Address 2		
620 Memorial Drive			Suite 300		
City		State/Province/O	Country	ZIP/Postal Code	
Cambridge		MASSACHUS	SETTS	02139	
			1		
Relationship:	Executi	ive Officer	Director	Promoter	
Clarification of Response ((if Necessary))			
					-
Last Name		First Name		Middle Name	
Young		Richard		A.	
Street Address 1			Street Address 2		
620 Memorial Drive			Suite 300		
City		State/Province/O	Country	ZIP/Postal Code	
Cambridge		MASSACHUS	SETTS	02139	
Relationship:	Executi	ive Officer	Director	Promoter	
Clarification of Response ((if Necessary)			
					-
Last Name		First Name		Middle Name	-
Last Name		First Name		Middle Name	-
			Street Address 2	Middle Name	-
Fanucci			Street Address 2 Suite 300	Middle Name	<u>-</u>
Fanucci Street Address 1			Suite 300	Middle Name	<u>-</u>
Fanucci Street Address 1 620 Memorial Drive		Marsha	Suite 300		
Fanucci Street Address 1 620 Memorial Drive City		Marsha State/Province/G	Suite 300	ZIP/Postal Code	
Fanucci Street Address 1 620 Memorial Drive City Cambridge	Executi	Marsha State/Province/G	Suite 300	ZIP/Postal Code	
Fanucci Street Address 1 620 Memorial Drive City Cambridge		Marsha State/Province/C MASSACHUS	Suite 300 Country SETTS	ZIP/Postal Code	
Fanucci Street Address 1 620 Memorial Drive City Cambridge Relationship:		Marsha State/Province/C MASSACHUS	Suite 300 Country SETTS	ZIP/Postal Code	
Fanucci Street Address 1 620 Memorial Drive City Cambridge Relationship:		Marsha State/Province/C MASSACHUS	Suite 300 Country SETTS	ZIP/Postal Code	
Fanucci Street Address 1 620 Memorial Drive City Cambridge Relationship:		Marsha State/Province/C MASSACHUS	Suite 300 Country SETTS	ZIP/Postal Code	
Fanucci Street Address 1 620 Memorial Drive City Cambridge Relationship:		Marsha State/Province/C MASSACHUS	Suite 300 Country SETTS	ZIP/Postal Code	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Marsha State/Province/C MASSACHUS ive Officer	Suite 300 Country SETTS	ZIP/Postal Code 02139 Promoter	
Fanucci Street Address 1		Marsha State/Province/C MASSACHUS ive Officer First Name	Suite 300 Country SETTS	ZIP/Postal Code 02139 Promoter	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Last Name		Marsha State/Province/C MASSACHUS ive Officer First Name	Suite 300 Country SETTS Director	ZIP/Postal Code 02139 Promoter	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Last Name Patel Street Address 1		Marsha State/Province/C MASSACHUS ive Officer First Name	Suite 300 Country SETTS Director Street Address 2 Suite 300	ZIP/Postal Code 02139 Promoter	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Last Name Patel Street Address 1 620 Memorial Drive		Marsha State/Province/C MASSACHUS ive Officer First Name Sanj	Suite 300 Country SETTS Director Street Address 2 Suite 300 Country	ZIP/Postal Code 02139 Promoter Middle Name	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Last Name Patel Street Address 1 620 Memorial Drive City		State/Province/C MASSACHUS ive Officer First Name Sanj State/Province/C	Suite 300 Country SETTS Director Street Address 2 Suite 300 Country	ZIP/Postal Code 02139	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Last Name Patel Street Address 1 620 Memorial Drive City Cambridge	(if Necessary	State/Province/C MASSACHUS ive Officer First Name Sanj State/Province/C	Suite 300 Country SETTS Director Street Address 2 Suite 300 Country	ZIP/Postal Code 02139	
Street Address 1 620 Memorial Drive City Cambridge Relationship: Clarification of Response (Last Name Patel Street Address 1 620 Memorial Drive City Cambridge	[if Necessary	State/Province/C MASSACHUS ive Officer Sanj State/Province/C MASSACHUS MASSACHUS	Suite 300 Country SETTS Director Street Address 2 Suite 300 Country SETTS	ZIP/Postal Code 02139	

Last Name First Name Middle Name

Street Address 2 G20 Memorial Drive Suite 300	Springhorn		Jeremy			
City	Street Address 1			Street Address 2		
Cambridge	620 Memorial Dr	ive		Suite 300		
Relationship:	City		State/Province	/Country	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name	Cambridge		MASSACHU	JSETTS	02139	
Last Name First Name Middle Name Obson Eric	Relationship:	Ex	ecutive Officer	Director	Promoter	
Street Address 1 Street Address 2	Clarification of Resp	onse (if Neces	sary)			
Street Address 1 Street Address 2						
Street Address 1 Street Address 2						
Street Address 1 Street Address 2	Last Name		First Name		Middle Name	
Street Address 1 Street Address 2 C20 Memorial Drive Suite 300						
City State/Province/Country ZIP/Postal Code Cambridge				Street Address 2		
Relationship: Executive Officer	620 Memorial Dr	ive		Suite 300		
Relationship:	City		State/Province	/Country	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name First Name Middle Name Quirk Gerald Street Address 1 Street Address 2 620 Memorial Drive State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	Cambridge		MASSACHU	JSETTS	02139	
Clarification of Response (if Necessary) Last Name First Name Middle Name Quirk Gerald Street Address 1 Street Address 2 620 Memorial Drive State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter						
Last Name First Name Middle Name Quirk Street Address 1 Street Address 2 620 Memorial Drive Suite 300 Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS Relationship: Executive Officer Director Director Cambridge MASSACHUSETTS Relationship: Executive Officer Director Promoter	Relationship:	Ex	ecutive Officer	Director	Promoter	
Gerald Street Address 1 Street Address 2 620 Memorial Drive City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	Clarification of Resp	onse (if Neces	sary)			
Street Address 2 620 Memorial Drive	Last Name		First Name		Middle Name	
City State/Province/Country ZIP/Postal Code Cambridge	Quirk		Gerald			
City State/Province/Country ZIP/Postal Code Cambridge	Street Address 1			Street Address 2		
Cambridge MASSACHUSETTS 02139	620 Memorial Dr	ive		Suite 300		
Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	City		State/Province	/Country	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	Cambridge		MASSACHU	JSETTS	02139	
Clarification of Response (if Necessary) Last Name First Name Middle Name Roth David Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter						
Last Name First Name Middle Name	Relationship:	Ex	ecutive Officer	Director	Promoter	
Roth Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	Clarification of Resp	onse (if Neces	ssary)			
Roth Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter						
Roth Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter						
Roth Street Address 1 Street Address 2 620 Memorial Drive Suite 300 City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	Last Name		First Name		Middle Name	
Street Address 1 Street Address 2 620 Memorial Drive City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	I				7	
City State/Province/Country ZIP/Postal Code Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	Street Address 1			Street Address 2	⊒	
Cambridge MASSACHUSETTS 02139 Relationship: Executive Officer Director Promoter	620 Memorial Dr	ive		Suite 300		
Relationship: Executive Officer Director Promoter	City		State/Province	/Country	ZIP/Postal Code	
	Cambridge		MASSACHU	JSETTS	02139	
Clarification of Response (if Necessary)	Relationship:	Ex	ecutive Officer	Director	Promoter	
	Clarification of Resp	onse (if Neces	ssary)			

~ A	griculture	Health Care	Retailing
		⑥ Biotechnology	
	anking & Financial Services Commercial Banking	C Health Insurance C Hospitals & Physicians	C Restaurants
	Insurance	C Hospitals & Physicians C Pharmaceuticals	Technology
è	Investing	Other Health Care	Computers
(Investment Banking		C Telecommunications
(Pooled Investment Fund		Other Technology
,	Other Banking & Financial		Travel
	Services	Manufacturing	C Airlines & Airports
	usiness Services	Real Estate C Commercial	C Lodging & Conventions
	nergy Coal Mining	C Construction	C Tourism & Travel Services
	Electric Utilities	C REITS & Finance	Other Travel
(Energy Conservation	C Residential	Other
	Environmental Services	Other Real Estate	
	Oil & Gas Other Energy		
	Other Energy		
5 I	ssuer Size		
	nue Range	Aggregate Net As	sset Value Range
0	No Revenues	7040	egate Net Asset Value
O	\$1 - \$1,000,000	C \$1 - \$5,00	00,000
O	\$1,000,001 - \$5,000,000	C \$5,000,00	01 - \$25,000,000
C	\$5,000,001 - \$25,000,000	C \$25,000,0	001 - \$50,000,000
O	\$25,000,001 - \$100,000,000	C \$50,000,0	001 - \$100,000,000
\circ	Over \$100,000,000	Over \$10	0,000,000
•	Decline to Disclose	C Decline to	o Disclose
35.0			
O	Not Applicable	C Not Appl	icable
7020	Not Applicable	C Not Appl	icable
С			
С	Federal Exemption(s) a		
6. F	Federal Exemption(s) a		
6. F	Federal Exemption(s) a bly)	nd Exclusion(s) Cla	
6. Fapp	Federal Exemption(s) a bly) Rule 504(b)(1) (not (i), (ii) or (iii))	nd Exclusion(s) Cla	
6. Fapp	Rule 504 (b)(1) (i) Rule 504 (b)(1)(i)	Rule 505 Rule 506(b) Rule 506(c)	aimed (select all that
6. Fapp	Federal Exemption(s) a bly) Rule 504(b)(1) (not (i), (ii)	nd Exclusion(s) Cla Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a)	aimed (select all that
6. Fapp	Federal Exemption(s) a bly) Rule 504(b)(1) (not (i), (ii)	Rule 505 Rule 506(b) Rule 506(c)	aimed (select all that
6. Fapp	Federal Exemption(s) a bly) Rule 504(b)(1) (not (i), (ii)	nd Exclusion(s) Cla Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a)	aimed (select all that
6. F app	Rule 504(b)(1) (not (i), (ii) or (iii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii)	nd Exclusion(s) Cla Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a)	aimed (select all that
6. F app	Federal Exemption(s) a bly) Rule 504(b)(1) (not (i), (ii)	nd Exclusion(s) Cla Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a)	aimed (select all that
6. Fapp	Rule 504(b)(1) (not (i), (ii) or (iii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii)	nd Exclusion(s) Cla Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a)	aimed (select all that
6. I app	Rule 504(b)(1) (not (i), (ii) rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iiii) Rule 504 (b)(1)(iiiii) Rule 504 (b)(1)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Rule 505 Rule 506(b) Rule 506(c) Investment Company Act	aimed (select all that
6. I app	Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iiii) Rule 504 (b)(1)(iiii) Date of First Sale	Rule 505 Rule 506(b) Rule 506(c) Investment Company Act	aimed (select all that
6. I app	Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iiii) Rule 504 (b)(1)(iiii) Date of First Sale	Rule 505 Rule 506(b) Rule 506(c) Investment Company Act	aimed (select all that
6. Fapp	Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iiii) Type of Filing New Notice Date of First Sale Amendment	Rule 505 Rule 506(b) Rule 506(c) Investment Company Act	aimed (select all that
6. Fapp	Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iiii) Rule 504 (b)(1)(iiii) Date of First Sale	Rule 505 Rule 506(b) Rule 506(c) Investment Company Act	aimed (select all that
6. Fapp	Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iiii) Type of Filing New Notice Date of First Sale Amendment	Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a) Investment Company Act	aimed (select all that
6. Fapp	Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Pype of Filing New Notice Date of First Sale Amendment Duration of Offering	Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a) Investment Company Act	aimed (select all that
6. Fapp	Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Type of Filing New Notice Date of First Sale Amendment Duration of Offering the Issuer intend this offering to last m	Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a) Investment Company Act 2018-01-08	First Sale Yet to Occur
6. Fapp	Federal Exemption(s) a poly) Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Pype of Filing New Notice Date of First Sale Amendment Duration of Offering the Issuer intend this offering to last m	Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a) Investment Company Act 2018-01-08	First Sale Yet to Occur
7. T Does 9. T 1	Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii) Pype of Filing New Notice Date of First Sale Amendment Duration of Offering the Issuer intend this offering to last m	Rule 505 Rule 506(b) Rule 506(c) Securities Act Section 4(a) Investment Company Act 2018-01-08	First Sale Yet to Occur

Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)
10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside s USD
40 Calas Carron anastica
12. Sales Compensation Recipient CRD Number None
(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD None Number
Number
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
State(s) of Solicitation
13. Offering and Sales Amounts
Tulogui a a sur e la constante de la constante
Total Offering Amount \$ 11380018 USD ☐ Indefinite Total Amount Sold \$ 11380018 USD
Total Remaining to be \$ 0 USD □ Indefinite
Clarification of Response (if Necessary)
14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
15. Sales Commissions & Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 USD Estimate

Finders' Fees \$ 0	USD	☐ Est	imate
Clarification of Response (if Necessary)			
16. Use of Proceeds			
Provide the amount of the gross proceeds of th any of the persons required to be named as exe If the amount is unknown, provide an estimate	ecutive officers, directors or pr	comoters in respo	onse to Item 3 above.
	\$ 0	USD	Estimate
Clarification of Response (if Necessary)			

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
 described and undertaking to furnish them, upon written request, the information furnished to
 offeroe.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Syros Pharmaceuticals, Inc.	/s/ Nancy Simonian	Nancy Simonian	Chief Executive Officer	2018-02-09