

FORM D  
Notice of Exempt  
Offering of Securities

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

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

1. Issuer's Identity

CIK (Filer ID Number)  Previous Name(s)  None  Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

Over Five Years Ago  
 Within Last Five Years (Specify Year)   
 Yet to Be Formed

Entity Type

Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1  Street Address 2

City  State/Province/Country  ZIP/Postal Code  Phone No. of Issuer

3. Related Persons

Last Name  First Name  Middle Name

Street Address 1  Street Address 2

City  State/Province/Country  ZIP/Postal Code

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Last Name  First Name  Middle Name

Street Address 1  Street Address 2

City  State/Province/Country  ZIP/Postal Code

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

 

Street Address 1 Street Address 2

 

City State/Province/Country ZIP/Postal Code

  

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

 

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Last Name First Name Middle Name

 

Street Address 1 Street Address 2

 

City State/Province/Country ZIP/Postal Code

  

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

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Last Name	First Name	Middle Name	
<input type="text" value="Sharp"/>	<input type="text" value="Philip"/>		
Street Address 1	Street Address 2		
<input type="text" value="620 Memorial Drive"/>	<input type="text" value="Suite 300"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Cambridge"/>	<input type="text" value="MASSACHUSETTS"/>	<input type="text" value="02139"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text"/>			

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Last Name	First Name	Middle Name	
<input type="text" value="Young"/>	<input type="text" value="Richard"/>	<input type="text" value="A."/>	
Street Address 1	Street Address 2		
<input type="text" value="620 Memorial Drive"/>	<input type="text" value="Suite 300"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Cambridge"/>	<input type="text" value="MASSACHUSETTS"/>	<input type="text" value="02139"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text"/>			

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Last Name	First Name	Middle Name	
<input type="text" value="Fanucci"/>	<input type="text" value="Marsha"/>		
Street Address 1	Street Address 2		
<input type="text" value="620 Memorial Drive"/>	<input type="text" value="Suite 300"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Cambridge"/>	<input type="text" value="MASSACHUSETTS"/>	<input type="text" value="02139"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text"/>			

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Last Name	First Name	Middle Name	
<input type="text" value="Patel"/>	<input type="text" value="Sanj"/>		
Street Address 1	Street Address 2		
<input type="text" value="620 Memorial Drive"/>	<input type="text" value="Suite 300"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Cambridge"/>	<input type="text" value="MASSACHUSETTS"/>	<input type="text" value="02139"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text"/>			

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Last Name	First Name	Middle Name
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Springhorn      Jeremy

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 Response (if Necessary)

Last Name

First Name

Middle Name

Olson

Eric

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 Response (if Necessary)

Last Name

First Name

Middle Name

Quirk

Gerald

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 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

Clarification of Response (if Necessary)

- Agriculture
- Banking & Financial Services**
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund
  - Other Banking & Financial Services
- Business Services
  - Energy**
    - Coal Mining
    - Electric Utilities
    - Energy Conservation
    - Environmental Services
    - Oil & Gas
    - Other Energy
- Health Care**
  - Biotechnology
  - Health Insurance
  - Hospitals & Physicians
  - Pharmaceuticals
  - Other Health Care
- Manufacturing**
- Real Estate**
  - Commercial
  - Construction
  - REITS & Finance
  - Residential
  - Other Real Estate
- Retailing**
- Restaurants**
- Technology**
  - Computers
  - Telecommunications
  - Other Technology
- Travel**
  - Airlines & Airports
  - Lodging & Conventions
  - Tourism & Travel Services
  - Other Travel
- Other**

## 5. Issuer Size

### Revenue Range

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

### Aggregate Net Asset Value Range

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

## 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/>	Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/>	Rule 505
<input type="checkbox"/>	Rule 504 (b)(1)(i)	<input checked="" type="checkbox"/>	Rule 506(b)
<input type="checkbox"/>	Rule 504 (b)(1)(ii)	<input type="checkbox"/>	Rule 506(c)
<input type="checkbox"/>	Rule 504 (b)(1)(iii)	<input type="checkbox"/>	Securities Act Section 4(a)(5)
<input type="checkbox"/>		<input type="checkbox"/>	Investment Company Act Section 3(c)

## 7. Type of Filing

- New Notice      Date of First Sale             First Sale Yet to Occur
- Amendment

## 8. Duration of Offering

Does the Issuer intend this offering to last more than one year?       Yes       No

## 9. Type(s) of Securities Offered (select all that apply)

- Pooled Investment Fund Interests       Equity
- Tenant-in-Common Securities       Debt

Mineral Property Securities  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?  Yes  No

Clarification of Response (if Necessary)

## 11. Minimum Investment

Minimum investment accepted from any outside investor \$  USD

## 12. Sales Compensation

Recipient  Recipient CRD Number  None

(Associated) Broker or Dealer  None (Associated) Broker or Dealer CRD Number  None

Street Address 1  Street Address 2

City  State/Province/Country  ZIP/Postal Code

State(s) of Solicitation  All States

## 13. Offering and Sales Amounts

Total Offering Amount \$  USD  Indefinite

Total Amount Sold \$  USD

Total Remaining to be Sold \$  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 \$  USD  Estimate

Finders' Fees \$  USD

Estimate

Clarification of Response (if Necessary)

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$  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 offerees.
- 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