

Relationship:

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, D.C.	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/Organiz	zation	C Other
⊙ Over Five Years Ago		Other
C Within Last Five Years (Specify Year)		
C Yet to Be Formed		
•	Business and Contact	Information
Name of Issuer		
Syros Pharmaceuticals, Inc.		
Street Address 1	Street Address	s 2
35 CAMBRIDGEPARK DRIVE	E	
City	State/Province/Country ZIP/Post	tal Code Phone No. of Issuer
CAMBRIDGE	MASSACHUSETTS 02140	617-744-1340
3. Related Persons		
Last Name	First Name	Middle Name
Simonian	Nancy	Wilddie Name
Street Address 1	Street Address	5.2
35 CambridgePark Drive		
City	State/Province/Country	ZIP/Postal Code
Cambridge	MASSACHUSETTS	02140
	11	To az
Relationship:	xecutive Officer Director	Promoter
Clarification of Response (if Neces	ssary)	
Last Name	First Name	Middle Name
Akkaraju	Srinivas	
Street Address 1	Street Address	
35 CambridgePark Drive	Street Address	
	State/Province/Country	7ID/Dastal Code
City	State/Province/Country	ZIP/Postal Code
Cambridge	MASSACHUSETTS	02140

□ Director

Promoter

Executive Officer

Street Address 1 35 CambridgePark		First Name	Street Address 2	Middle Name	
Nashat Street Address 1 35 CambridgePark City			Street Address 2	Middle Name	
Nashat Street Address 1 35 CambridgePark City			Street Address 2	Middle Name	
35 CambridgePark		Amir	Street Address 2		
City	Drive		Street Address 2	_	
City	Drive				
Cambridge	S	State/Province/C	Country	ZIP/Postal Code	
		MASSACHUS	SETTS	02140	
Relationship:	Executiv	e Officer	▽ Director	Promoter	
Clarification of Respon	se (if Necessary)		11		
The state of the spon	(111100055413)				
Last Name	I	First Name		Middle Name	
Wirth		Peter			
Street Address 1			Street Address 2		
35 CambridgePark	Drive				
City	S	State/Province/C	Country	ZIP/Postal Code	
Cambridge		MASSACHUS	SETTS	02140	
Relationship:	Executiv	e Officer	✓ Director	Promoter	
Last Name		First Name		Middle Name	
Alles		Mark			
Street Address 1	D. 1		Street Address 2		
35 CambridgePark					
City		State/Province/C		ZIP/Postal Code	
Cambridge	[MASSACHUS	SETTS	02140	
Relationship:	Executiv	e Officer	Director	Promoter	
Clarification of Respon	ise (if Necessary)				
Last Name		First Name		Middle Name	
Sharp		Philip			
Street Address 1			Street Address 2		
	Drive				
35 CambridgePark					
	S	State/Province/C	Country	ZIP/Postal Code	
35 CambridgePark City Cambridge	s	MASSACHUS		ZIP/Postal Code	
City	s			11	

Last Name	First Name	Middle Name
Young	Richard	A.
Street Address 1	Street Address 2	
35 CambridgePark Drive		
City	State/Province/Country	ZIP/Postal Code
Cambridge	MASSACHUSETTS	02140
Relationship: Execut	tive Officer Director	Promoter
Clarification of Response (if Necessary	y)	
Last Name	First Name	Middle Name
Fanucci	Marsha	
Street Address 1	Street Address 2	
35 CambridgePark Drive	State/Duovines/Country	ZID/Dostal Code
City Cambridge	State/Province/Country MASSACHUSETTS	ZIP/Postal Code
Cambridge	MASSACHUSETTS	02140
Relationship: Execut	tive Officer	Promoter
Clarification of Response (if Necessary	y)	
Last Name	First Name	Middle Name
		Wilder Wallie
Eckhardt	Sue	Gail
Eckhardt Street Address 1		
	Sue	
Street Address 1	Sue	
Street Address 1 35 CambridgePark Drive	Street Address 2 State/Province/Country MASSACHUSETTS	Gail
Street Address 1 35 CambridgePark Drive City	Street Address 2 State/Province/Country	Gail ZIP/Postal Code
Street Address 1 35 CambridgePark Drive City Cambridge	Street Address 2 State/Province/Country MASSACHUSETTS	Gail ZIP/Postal Code
Street Address 1 35 CambridgePark Drive City Cambridge	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director	ZIP/Postal Code 02140
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execution	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director	ZIP/Postal Code 02140
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execution	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director	ZIP/Postal Code 02140
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execution	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director	ZIP/Postal Code 02140
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execution	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director	ZIP/Postal Code 02140
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execution of Response (if Necessary)	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director y)	ZIP/Postal Code 02140 Promoter
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execut Clarification of Response (if Necessary) Last Name	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director y)	ZIP/Postal Code 02140 Promoter
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execut Clarification of Response (if Necessary Last Name Springhorn	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director y) First Name	ZIP/Postal Code 02140 Promoter
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execut Clarification of Response (if Necessary Last Name Springhorn Street Address 1	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director y) First Name	ZIP/Postal Code 02140 Promoter
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execution of Response (if Necessary Springhorn Street Address 1 35 CambridgePark Drive	Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director y) First Name Jeremy Street Address 2	ZIP/Postal Code 02140 Promoter Middle Name
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execut Clarification of Response (if Necessary Last Name Springhorn Street Address 1 35 CambridgePark Drive City Cambridge	State/Province/Country MASSACHUSETTS tive Officer First Name Jeremy Street Address 2 State/Province/Country MASSACHUSETTS	ZIP/Postal Code Middle Name ZIP/Postal Code
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execut Clarification of Response (if Necessary Last Name Springhorn Street Address 1 35 CambridgePark Drive City Cambridge	State/Province/Country MASSACHUSETTS tive Officer Director First Name Jeremy Street Address 2	ZIP/Postal Code Middle Name ZIP/Postal Code
Street Address 1 35 CambridgePark Drive City Cambridge Relationship: Execut Clarification of Response (if Necessary Last Name Springhorn Street Address 1 35 CambridgePark Drive City Cambridge	State/Province/Country MASSACHUSETTS tive Officer First Name Jeremy Street Address 2 State/Province/Country MASSACHUSETTS tive Officer Director	ZIP/Postal Code Promoter Middle Name ZIP/Postal Code 02140

Last Name First Name Middle Name

Olson		Eric		
Street Address 1			Street Address 2	_
35 CambridgePark D	Orive			
City		State/Province/	Country	ZIP/Postal Code
Cambridge		MASSACHUS	SETTS	02140
Relationship:	Execut	ive Officer	Director	Promoter
Clarification of Response	e (if Necessary)		
Last Name		First Name		Middle Name
Quirk		Gerald		
Street Address 1			Street Address 2	ᆜ
35 CambridgePark D	Orive			
City		State/Province/	Country	ZIP/Postal Code
Cambridge		MASSACHUS	SETTS	02140
Relationship:	Execut	ive Officer	Director	Promoter
Clarification of Response	e (if Necessary)		
				<u>. </u>
Last Name		First Name		Middle Name
Roth		David		
Street Address 1			Street Address 2	
35 CambridgePark D	rive	State/Dunnings/	C	ZID/Destal Code
Combridge		State/Province/0		ZIP/Postal Code
Cambridge		MASSACHUS	SE115	02140
Relationship:	Execut	ive Officer	Director	Promoter
	(Messo)		<u>Director</u>	
Clarification of Response	e (if Necessary)		
Last Name		First Name		Middle Name
Ferra, Jr.		Joseph		7
Street Address 1		<u>-</u>	Street Address 2	=
35 CambridgePark D	Drive			
City		State/Province/	Country	ZIP/Postal Code
Cambridge		MASSACHUS	SETTS	02140
Relationship:	Execut	ive Officer	Director	Promoter
Clarification of Response	e (if Necessary)	<u> </u>	
Clarification of Response	e (if Necessary)		

C Agriculture	Health Care C Retailing
-	⑥ Biotechnology
Banking & Financial Services	C Health Insurance C Restaurants
C Commercial Banking	C Hospitals & Physicians Technology C Pharmaceuticals
C Insurance C Investing	Other Health Care
C Investment Banking	C Telecommunications
C Pooled Investment Fund	C Other Technology
Other Banking & Financial	Travel
C Services	C Manufacturing C Airlines & Airports
C Business Services	Real Estate C Lodging & Conventions
Energy	C Commercial C Tourism & Travel Services
C Coal Mining C Electric Utilities	C REITS & Finance C Other Travel
© Energy Conservation	C Residential C Other
C Environmental Services	Other Real Estate
C Oil & Gas	
C Other Energy	
5. Issuer Size	
Revenue Range	Aggregate Net Asset Value Range
No Revenues	O No Aggregate Net Asset Value
\$1 - \$1,000,000	C \$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	C \$25,000,001 - \$50,000,000
© \$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
© Decline to Disclose	C Decline to Disclose
C Not Applicable	C Not Applicable
) and Exclusion(s) Claimed (select all that
apply)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505
Rule 504 (b)(1)(i)	⊠ Rule 506(b)
Rule 504 (b)(1)(ii)	Rule 506(c)
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)
	Investment Company Act Section 3(c)
7. Type of Filing	
✓ New Notice Date of First Sale	First Sale Yet to Occur
	rust Saic 1et to Occur
Amendment	
8. Duration of Offering	
o. Duration of Offering	2 2
Does the Issuer intend this offering to las	of more than one year?
O Typo(a) of Committee	Offered (select all that early)
	Offered (select all that apply)
Pooled Investment Fund Interests	Equity
Tenant-in-Common Securities	Debt

	rrant or Other Right to other Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (desc	ribe)
10. Business Combination Trans	saction
Is this offering being made in connection with a business transaction, such as a merger, acquisition or exchange	
Clarification of Response (if Necessary)	
11. Minimum Investment	
Minimum investment accepted from any outside investor	0 USD
12. Sales Compensation	
Recipient	Recipient CRD Number None
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD None
Street Address 1	Street Address 2
City Sta	ate/Province/Country ZIP/Postal Code
State(s) of Solicitation	All States
State(s) of Solicitation .	
	크
13. Offering and Sales Amounts	
Total Offering Amount \$ 121609375	USD ☐ Indefinite
Total Amount Sold \$ 90490000	USD
Total Remaining to be \$\[\] \	USD 🗆 Indefinite
Clarification of Response (if Necessary)	
\$31,119,375 of the Total Offering Amount has not by the Issuer to date and will not be received unti any, that the Warrants and Pre-Funded Warrant under this offering are exercised.	il such time, if
14. Investors	
Select if securities in the offering have been o do not qualify as accredited investors, Number of such non-accredited investors wh offering	
Regardless of whether securities in the offeri to persons who do not qualify as accredited in number of investors who already have invest	nvestors, enter the total

15. Sales Commissions & Finders' Fees Expenses

expenditure is not known, provide an			·	I
Sales Commissions	\$ 0	USD	Estimate	
Finders' Fees	\$ 0	USD	Estimate	
Clarification of Response (if Necessar	y)			
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.

\$ 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
 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
- 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/ Gerald E. Quirk	Gerald E. Quirk	Chief Legal and Administrative Officer	2020-12-17