

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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INITIAL STATEMENT OF 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 Type Responses)									
1. Name and Address of Reporting Person *- WuXi PharmTech Healthcare Fund I L.P.		2. Date of Event Requiring Statement (Month/Day/Year) 06/29/2016		3. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]					
(Last) (First) (Middle) PO BOX 309, UGLAND HOUSE				4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
GRAND CAYMAN, E9 KY	I-			(Check Director Officer (gi	all applicable) X 10% Ove Other (species)	pecify Filing(C _X_ Form	X_ Form filed by One Reporting Person Form filed by More than One Reporting		
(City) (State) (2	Zip)	Ta	ble I - No	n-Derivati	ve Securities	Beneficiall	y Owned		
1.Title of Security (Instr. 4)	·	2. Amount of Beneficially O (Instr. 4)			Ownership	Direct (Instr. 5)			
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Persons w	ho respond ed to respond	to the coll d unless t neficially (rcisable ton Date	Owned (e.g., 3. Title and Securities Uperivative	puts, calls, Amount of Underlying	warrants, option of Exercises	ons, convertibes 5. Ownership Form of	re Il		
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Persons w not require number. Table II - Derivative 1. Title of Derivative Security (Instr. 4) Series A-1 Preferred Stock	Securities Be 2. Date Exerand Expirati (Month/Day/Year Date Exercisable	neficially Creisable fon Date ar) Expiration Date	Dwned (e.g., 3. Title and Securities Unerivative (Instr. 4) Title Common Stock Common	puts, calls, Amount of Underlying Security Amount or Number of Shares	a contained in con	ons, convertibes 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) D	le securities) 6. Nature of Indirect Beneficial Ownership		

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
WuXi PharmTech Healthcare Fund I L.P. PO BOX 309, UGLAND HOUSE GRAND CAYMAN, E9 KYI-1104		X			

Signatures

WuXi PharmaTech Healthcare Fund I, L.P. By: /s/ Joseph Beckman Name: Joseph Beckman Title: Controller	06/29/2016
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
 - The Series A-1 Preferred Stock is convertible into Common Stock on a 3.75-for-one basis into the number of shares shown in column 3
- (1) at any time at the holder's election and automatically upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.
- The Series A-2 Preferred Stock is convertible into Common Stock on a 3.75-for-one basis into the number of shares shown in column 3
- (2) at any time at the holder's election and automatically upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.
- The Series A-3 Preferred Stock is convertible into Common Stock on a 3.75-for-one basis into the number of shares shown in column 3 (3) at any time at the holder's election and automatically upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.
- The Series B Preferred Stock is convertible into Common Stock on a 3.75-for-one basis into the number of shares shown in column 3 at (4) any time at the holder's election and automatically upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.

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.