

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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response	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * Perspecta Trust LLC	Statement (Month/Day/	Year)		3. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]			
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DRIVE, SUITE 300	-06/29/2016		Person(s) to I	all applicable) _X_ 10% O	Filed(Mo	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) CAMBRIDGE, MA 02139					Filing(C _X_ Form	idual or Joint/Group heck Applicable Line) filed by One Reporting Person filed by More than One Reporting	
(City) (State) (Zip)		Table I -	- Non-Derivati	ve Securitie	s Beneficially	y Owned	
1.Title of Security (Instr. 4)				Ownership			
Common Stock	351,666			I	Owned by the JEB Syros Trust, of which Perspecta Trust LLC is trustee.		
Reminder: Report on a separate line for Persons who re not required to number. Table II - Derivative Security	spond to the respond unles	collectior ss the for	n of information m displays a cu	contained in conta	n this form ar I OMB contro	1	
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Dat (Month/Day/Year)				4. Conversion or Exercise Price of	- · · · · · · · · · · · · · · · · · · ·	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Da Ex	te Expira ercisable Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
Reporting Owners							

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Perspecta Trust LLC C/O SYROS PHARMACEUTICALS, INC. 620 MEMORIAL DRIVE, SUITE 300 CAMBRIDGE, MA 02139		X			

Signatures

/s/ Constantine G. Pantelis, Vice President on behalf of Perspecta Trust LLC	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).

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.