

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO	VAL
OMB	3235-
Number:	0104
Estimated average	ge
burden hours pei	٢
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

Person * Statement  JEB Syros Trust (Month/Day/Year)					3. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]				
(Last) (First) (N C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DE SUITE 300	fiddle)	06/29/2016		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give Other (specify title below)			5. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person  _Form filed by More than One Reporting Person		
(Street) CAMBRIDGE, MA 02139									
(City) (State)	(Zip)	Tal	ble I -	Non-Derivativ	e Securitie	s Bene	ficially	y Owned	
1.Title of Security (Instr. 4)		Ben		nt of Securities Ally Owned  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  4. Nature of Indirect Beneficial Ownership (Instr. 5)			direct Beneficial		
Common Stock		351,666			D				
	who respond t red to respond	to the colle d unless th	ection ne forr	of information n displays a cu	contained i rrently valid	n this f I OMB	contro	1	
1. Title of Derivative Security (Instr. 4) 2.	2. Date Exe	Pate Exercisable Expiration Date		e and Amount of ties Underlying ntive Security 4)	4. Conversio or Exercis Price of	5. n Owr e Forn		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		1			Derivative	Secu	Security: Direct (D) or Indirect (I) (Instr. 5)		

### **Reporting Owners**

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

# **Signatures**

**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.