FORM	4	

١v

-
Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN 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 Respons	es)										
1. Name and Address of WuXi PharmTech I	2. Issuer Name an Syros Pharmaceu			0.2		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
PO BOX 309, UGL	3. Date of Earliest T 07/06/2016	ransaction (Mont	h/Day/Yea	ır)	Officer (give title below) Ot	her (specify belo	ow)			
GRAND CAYMAI	4. If Amendment, D	ate Original	Filec	d(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					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Transaction(s)	Ownership of Indi	Beneficial
			(Month/Day/ Fear)	Code	v	Amount	(A) or (D)	Price	(Instr. 5 and 4)	or Indirect (I) (Instr. 4)	1
Common Stock		07/06/2016		С		133,333	А	(1)	133,333	D	
Common Stock		07/06/2016		С		133,333	А	(1)	266,666	D	
Common Stock		07/06/2016		С		133,333	А	(1)	399,999	D	
Common Stock		07/06/2016		С		531,858	А	(1)	931,857	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

	(e.g., puts, calls, warrants, options, convertible securities)																							
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact Code	tion	5. Number of on Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative	Beneficial									
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Transaction(s) (Instr. 4)							Transaction(s) (I) (Instr. 4) (Instr. 4)				< / <	
Series A- 1 Preferred Stock	(1)	07/06/2016		С			500,000	<u>(1)</u>	Ð	Common Stock	133,333	\$ 0	0	D										
Series A- 2 Preferred Stock	(1)	07/06/2016		С			500,000	<u>(1)</u>	<u>(1)</u>	Common Stock	133,333	\$ 0	0	D										
Series A- 3 Preferred Stock	(1)	07/06/2016		С			500,000	<u>(1)</u>	Ш	Common Stock	133,333	\$ 0	0	D										
Series B Preferred Stock	<u>(1)</u>	07/06/2016		С			1,994,471	<u>(1)</u>	<u>(1)</u>	Common Stock	531,858	\$ 0	0	D										

Reporting Owners

		Relationships						
Reporting Owner Name / Addr	Dire	ctor	10% Owner	Officer	Other			
WuXi PharmTech Healthcare Fun PO BOX 309, UGLAND HOUSE GRAND CAYMAN, E9 KYI - 11			х					

Signatures

WuXi PharmaTech Healthcare Fund I, L.P By: /s/ Edward Hu Name: Edward Hu Title: Director

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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, Series A-2, Series A-3, and Series B Preferred Stock converted into Common Stock on a 3.75-for-one basis upon the closing of the Issuer's initial public offering (1) without payment of consideration. The Series A-1, Series A-2, Series A-3, and Series B Preferred Stock were convertible at any time at the holder's election and automatically upon the closing of the Issuer's initial public offering. The shares had 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.