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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

pe Response	es)													
1. Name and Address of Reporting Person * Fanucci Marsha				2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DRIVE, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 09/15/2016								ve title below)			<u> </u>
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
y)	(State)	(Zip)			Tabl	e I -	Non-Deriva	tive Securities	Acquired.	Dispose	d of, or Ben	eficially Ow	1ed	
Title of Security 2. Transaction Date (Month/Day/Year		Date	2A. Deemed Execution Date, any		Year)	Trar ode ostr.	nsaction 4. (A	Securities Acquaintenance (A) or Disposed on the construction (A) or	uired 5. A Own Tran (Inst	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficially ed	Direct (D) Cor Indirect (I)	eneficial wnership
report off a	separate tille for eac	Table II - I	Derivativ	e Se	curities A	Acqı	Person contain form di	s who respored in this for splays a curresed of, or Bend	m are not ently valid	required OMB c	d to respo	nd unless t		74 (9-02)
	*****	3A. Deemed Execution Date, if any	4. Transaction Code		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
			Code	V	(A)	(D)		Expiration Date	Title	or Number of				
\$ 12.59	09/15/2016		A	,	22,000		(1)	09/14/2026	Common		\$ 0	22,000	D	
	dd Address of Marsha OS PHAR IAL DRIV DGE, MA OS PHAR IAL DRIV COGE CONVERSION OF EXERCISE Price of Derivative	d Address of Reporting Person Marsha (First) OS PHARMACEUTICAL IAL DRIVE, SUITE 300 (Street) (DGE, MA 02139 (State) Report on a separate line for each conversion of Conversion of Conversion of Conversion Price of Derivative	d Address of Reporting Person *- Marsha (Middle) OS PHARMACEUTICALS, INC., 620 IAL DRIVE, SUITE 300 (Street) (DGE, MA 02139 (State) (Zip) (State) 2. Transaction Date (Month/Day/Year) Table II - I (Conversion of Date Or Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	2. Issuer Syros Pl	d Address of Reporting Person - 2. Issuer Nar Syros Pharm (a) (First) (Middle) (Mid	Address of Reporting Person Syros Pharmaceutic Marsha 2. Issuer Name and T Syros Pharmaceutic 3. Date of Earliest Tran 09/15/2016 3. Date of Earliest Tran 09/15/2016 4. If Amendment, Date 1DGE, MA 02139 (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Table II - Derivative Securities (e.g., puts, calls, warra 2. Conversion or Exercise Price of Derivative Security 3. Date of Earliest Tran 09/15/2016 4. If Amendment, Date 2A. Deemed Execution Date, if Curry (Month/Day/Year) 2. Table II - Derivative Securities (e.g., puts, calls, warra 1 Transaction Code (Instr. 8) 3. Numb Transaction Code (Instr. 8) Code (D) (Instr. 3) and 5)	2. Issuer Name and Ticke Syros Pharmaceuticals, and the Syros	2. Issuer Name and Ticker or Trading Syros Pharmaceuticals, Inc. [SYR OS PHARMACEUTICALS, INC., 620 IAL DRIVE, SUITE 300 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Date (Month/Day/Year) (Instr. 8) (Instr. 3, 4, and 5) (Instr.	Address of Reporting Person * Alarsha	2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]	2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS] 3. Date of Earliest Transaction (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual X. Form filed by Form filed	Adadress of Reporting Person - Aarsha 2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Month/Day/Year) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3, 3 and 4) (Instr. 3 and 4) (A) or Disposed of, Or Beneficially Owned (Coce, puts, calls, warrants, options, convertible securities of Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3) (Instr	2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS] 5. Relationship of Reporting Person(s) (Check all applicable of the property of the propert	Address of Reporting Person * Authors of Reporting Person * Author of Piero

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

Signatures

/s/ Kyle Kuvalanka, as attorney-in-fact	09/16/2016
**Signature of Reporting Person	Date

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 option becomes exercisable as to 16.66% of the shares underlying the award on the six month anniversary of the award, with the remainder vesting in equal monthly (1) installments of 2.77% of the shares underlying the award until the third anniversary of the date of the award, subject to Ms. Fanucci's continued service as a director through each applicable vesting 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.