FORM 4

may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

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

OMB APPRO	OVAL				
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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 Ty	pe Kesponse													
1. Name and Address of Reporting Person *- Patel Sanj K				2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner					
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DRIVE, SUITE 300			C DIC COO	3. Date of Earliest Transaction (Month/Day/Year) 09/15/2016						re title below)		er (specify below	7)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
	IDGE, MA									. Form med by	wore than one	Reporting 1 erson		
(City	y)	(State)	(Zip)		Т	`able I -	Non-Deriva	tive Securities	Acquired	d, Disposed	l of, or Ben	eficially Owi	ied	
1.Title of S (Instr. 3)	Security		Date (Month/Day/Year)	2A. Deen Execution any (Month/I	n Date, if	Code (Instr.	(A (Ir	Securities Acq or Disposed on onstr. 3, 4 and 5)	of (D) Ow Tra			ed (Ownership of Form:	Beneficial Ownership
Reminder:								ed in this for splays a curr	m are no	t required	to respo	nd unless tl		474 (9-02)
1. Title of		3. Transaction	3A. Deemed	e.g., puts,	calls, wa 5. N		containe form dis nired, Dispos options, con 6. Date Exe	ed in this for splays a curred of, or Bendayertible secure or cisable and	m are not ently valideficially Orities) 7. Title ar	ot required id OMB co owned	to respondent on trol numbers of the second	nd unless the nber. 9. Number o	f 10.	11. Natur
1. Title of	Conversion		3A. Deemed Execution Date, if	4. Transact	tion of Deri Secu Acque (A) (D) (Inst	vative urities uired or cosed of ar. 3, 4,	form dis	ed in this for splays a curr sed of, or Bend exertible secur ercisable and Date	m are not ently vali eficially O	ot required id OMB co owned and of ng s	to respondent on trol numbers of the second	nd unless t	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	5. N tion of Deri Secu Acq (A) o Disp (D)	vative urities uired or posed of r. 3, 4, 5)	contained form distanced to the contained form distanced to the contained	ed in this for splays a curr sed of, or Bend of the securer crisable and Date y/Year)	eficially Orities) 7. Title and Amount of Underlying Securities	ot required id OMB co owned and of ng s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivativ Security: Direct (D or Indirects)	11. Natur of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Patel Sanj K 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 Mr. Patel'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.