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 0.5 hours per response...

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														
	Name and Address of Reporting Person * NELSEN ROBERT			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 _X_ 10% Owner				
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620 MEMORIAL DRIVE, SUITE 300			~ ~ ~ ~ ~ ~ ~	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017							re title below)		er (specify below)
(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				
CAMBRIDGE, MA 02139 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					s Acquired.	uired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)			Date (Month/Day/Year)	2A. Deemed S. Tr. Code (Inst. (Month/Day/Year)		Code (Instr. 8	(A (In	Securities Acq a) or Disposed of the str. 3, 4 and 5) (A) or mount (D)	of (D) Owr Tran	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed (Ownership of Borm:	Seneficial Ownership
Reminder:	report on a						Persons	s who respor	iu to the t	collection	n ot intorn	iation	SEC 14	174 (9-02)
Reminder:	report on a						contain form dis iired, Dispo	ed in this for splays a curr sed of, or Bend	m are not ently valid eficially Ov	required d OMB c	d to respo	nd unless tl		174 (9-02)
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Nuion of Deriving Securing (A) of Dispo	wative rities nired or osed of r. 3, 4,	contain form dis nired, Dispo options, con	ed in this for splays a curr sed of, or Benovertible secur ercisable and Date	m are not ently valid eficially Ov	required d OMB covered	8. Price of	nd unless tl	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	ion of Derive Securiary (A) of Dispo (D) (Instr	varive rities aired or osed of r. 3, 4, 5)	contain form district, Dispo options, con 6. Date Exe Expiration (Month/Da	ed in this for splays a curr sed of, or Bendan vertible secure ercisable and Date y/Year)	rm are not rently valid eficially Overities) 7. Title and Amount of Underlying Securities	required d OMB covered	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Kyle D. Kuvalanka, as attorney-in-fact	06/12/2017
**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).
- (1) The option becomes exercisable as to 50% of the shares underlying the award on the six month anniversary of the award, with the remainder vesting in equal monthly installments until the first anniversary of the date of the award, subject to the reporting person'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.