# FORM 4

# 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 APPR	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 Type Responses)  1. Name and Address of Reporting Person * Nashat Amir			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			(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017				x_	_ Director _ Officer (giv	re title below)		Owner r (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				
CAMBRIDGE, MA 02139							r	Form filed by More than One Reporting Person						
(City	y)	(State)	(Zip)		Т	Table I -	Non-Deriva	itive Securities	Acquired,	, Disposed	l of, or Ben	eficially Own	ed	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		Code (Instr.	(A (Ir	Securities Acq a) or Disposed on astr. 3, 4 and 5)	of (D) Owr			ed C F D o	Ownership of Form:	Beneficial Ownership	
Reminder:							contain	s who respored in this for	m are not	required	d to respo	nd unless th		174 (9-02)
	la .	la m		e.g., puts,	calls, wa	arrants,	contain form dis nired, Dispo options, cor	ed in this for splays a curr sed of, or Bend overtible secur	m are not ently valid eficially Ov rities)	required d OMB co	d to respon ontrol nun	nd unless th	ie	` ′
1. Title of	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	5. Notion of Deri Secu Acquartum (A) of Disp (D)	ivative urities uired or bosed of tr. 3, 4,	contain form dis nired, Dispo options, cor	ed in this for splays a curr sed of, or Bend exertible secur ercisable and Date	m are not ently valid eficially Ov	required d OMB covered	8. Price of Derivative Security (Instr. 5)	nd unless th	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	5. Notion of Deri Secu Acquarta (A) of Disp (D) (Inst	ivative urities uired or cosed of tr. 3, 4, 5)	contain- form dis tired, Dispo- options, cor 6. Date Exe Expiration (Month/Day  Date Exercisable	ed in this for splays a curr sed of, or Bend overtible securercisable 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 of Derivative Securities Beneficially Owned Following Reported Transaction(s	To. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (I)	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

### **Reporting Owners**

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