# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per response	e 0.5				

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

#### 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 Response	es)														
1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relation	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Springhorn Jeremy P.				Syros Pharmaceuticals, Inc. [SYRS]						Director 10% Owner						
(Last) (First) (Middle) C/O SYROS PHARMACEUTICALS, INC., 620			C 2 0	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017						X Officer (give title below) Other (specify below)  Chief Business Officer						
		E, SUITE 3		12/	13/2017											
(Street)			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  X Form filed by One Reporting Person					
CAMBRIDGE, MA 02139										Form filed by More than One Reporting Person						
(City	7)	(State)	(Zip)		Tal	ble I - Non	-Der	ivative S	ecuriti	ies Acq	Acquired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction		Deemed			on 4. Securities Acquired				nt of Securit	Ownership	7. Nature			
			Date (Month/Day/Y		cution Date, if	(Instr. 8)		(A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			of Indirect Beneficial		
					nth/Day/Year)						(Instr. 3 a			Direct (D)	Ownership	
									(A) or					or Indirect (I)	(Instr. 4)	
						Code	V	Amount						(Instr. 4)		
~	~ .									\$						
Common Stock 12/15/2017				P		15,000	Α	9.084 (1)	1 15,000	15,000		D				
			Table	II - Deriv	ative Securiti	es Acquir	the	form dis	splays	a cur	are not req rently valid	d OMB co			02)	
1 77:41 6	l <sub>a</sub>	2 75:	24 5		outs, calls, wa							lo p : _ c	0.37 1	6 10	111.37	
<ol> <li>Title of Derivative</li> </ol>	Z. Conversion	3. Transactio Date		mea on Date, if	Transaction	5. Numbe of		Jate Exer   Expiration			Title and mount of		<ol><li>Number of Derivative</li></ol>		11. Nature of Indirect	
Security	or Exercise	(Month/Day/			Code		(Month/Day/Year)		U	nderlying Security		Securities	Form of			
(Instr. 3)	Price of Derivative	erivative Ac		Day/Year)	(Instr. 8)	Securities Acquired					ecurities nstr. 3 and	, , ,	Beneficially Owned	Derivati Security		
	Security			(A) or						Following	Direct (I					
						Disposed of (D)							Reported Transaction	or Indire	ct	
						(Instr. 3,							(Instr. 4)	(Instr. 4)		
						4, and 5)										
											Amount					
							Dat		Expira Date	tion Ti	itle Number					
					Code V	(A) (D)	LA	cicisatic	Date		of Shares					
Repoi	ting O	wners														
Powerfus Comments			Relationships													
Reporting Owner Name / Address			Director	ector 10% Owner Officer			Other									
	rn Jeremy															
C/O SYR	OS PHAR	MACEUTIO	CALS, INC.			Chief F	Busir	ness Off	icer							

### **Signatures**

CAMBRIDGE, MA 02139

/s/ Jeremy P. Springhorn	12/15/2017
**Signature of Reporting Person	Date

## **Explanation of Responses:**

620 MEMORIAL DRIVE, SUITE 300

- \* 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 price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$8.95 to \$9.2099, inclusive. The (1) Reporting Person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range.

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.