FORM	4
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(Print or Type Responses)

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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

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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

1. Name and Address of SATO VICKI L	2. Issuer Name an Syros Pharmaceu			· ·	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
C/O SYROS PHAR MEMORIAL DRIV		a DIG (00	3. Date of Earliest Transaction (Month/Day/Year) 06/14/2018						Officer (give title below) Other (specify below)				
(Street) CAMBRIDGE, MA 02139			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 Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	T	Table I - Non-Derivative Securities A				s Acqu	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)			isposed of 4 and 5) (A) or	of (D)	Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Date Exercisable and		cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	ion	n of E		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivati	Derivative (Month/Day/Year)		Underlying S		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie	rities		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquire	d			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of					1	or Indirect		
						(D) (Insta 2	4					Transaction(s) (Instr. 4)	· /		
						(Instr. 3, and 5)	, 4,						(IIIstr. 4)	(Instr. 4)	
						and 5)	r –								
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
C(1				cout	•	(11)	(2)				Shares				
Stock										C					
Option	\$ 12.95	06/14/2018		А		11,000		(1)	06/13/2028	Common Stock	11.000	\$ 0	11,000	D	
(right to				_		,				Stock	,		,		
buy)															

Reporting Owners

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

Signatures

/s/ Nancy Simonian, as attorney-in-fact	06/15/2018
**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 date of grant, with the remainder vesting in equal monthly installments until the first anniversary of the date of grant, 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.