FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burde	en
hours per response.	0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defense 10b5-1(c). See Inst							
1. Name and Address Chee Conley	s of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol Syros Pharmaceuticals, Inc. [SYRS]		tionship of Reporting Perso all applicable)	· /	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023	X	Director Officer (give title below)	10% Owner Other (specify below)	
C/O SYROS PHA	ARMACEUTICALS	, INC.			Chief Commercial Officer		
35 CAMBRIDGE	EPARK DRIVE		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filing Form filed by One Repo		
(Street)					Form filed by More than	One Reporting Person	
CAMBRIDGE	MA	02140			·		
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	10/31/2023	M		17,000(1)	A	(1)	18,342	D	
Common Stock	11/01/2023	F ⁽²⁾		6,004	D	\$2.22	12,338	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units	(3)	10/31/2023		M			17,000	(4)	(4)	Common Stock	17,000	\$0.00	17,000	D	

Explanation of Responses:

- 1. Represents shares of common stock received upon vesting of a restricted stock unit award.
- 2. Represents shares used to cover tax withholding on a restricted stock unit release
- 3. Each restricted stock unit represents the contingent right to receive one share of the issuer's common stock.
- 4. Represents a restricted stock unit award granted on October 6, 2022. These restricted stock units vested as to one half (50%) of the shares on October 31, 2023, and are scheduled to vest as to one half (50%) of the shares on October 31, 2024.

Remarks:

/s/ Todd Rosenthal, as attorney-infact 11/02/2023

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.