FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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)

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 Reporting Person*  Mainolfi Nello						2. Issuer Name <b>and</b> Ticker or Trading Symbol Kymera Therapeutics, Inc. [ KYMR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Image: Director   10% Owner						
(Last)	t) (First) (Middle) XYMERA THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/18/2024									Officer below)		Other (specify below)				
500 NORTH BEACON STREET, 4TH FLOOR					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WATER	ΓOWN	MA	02472											[		iled by One iled by Mor ı					
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication															
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tak	ole I - Nor	ı-Deri	vativ	e Se	curit	ies Ac	quire	d, Di	sposed	of,	or Ber	neficial	y Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ear)	Execu if any	2A. Deemed Execution Date, f any Month/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici	es ally Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect c rect E	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	le V	Amou	nt	(A) or (D)	Price	Transaci (Instr. 3	tion(s)			msu. 4)		
Common Stock 06/18/						/2024		M		14,	413	A	\$2.0	8 631,186(1)		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		3A. Deemed Execution I if any (Month/Day	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			of U D	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Own Forr Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiratio Date		itle	Amount or Number of Shares							
Stock Option (Right to Buy)	\$2.08	06/18/2024			М			14,413	(2)		11/13/202		Common Stock	14,413	\$0.00	505,55	9	D			

## **Explanation of Responses:**

- 1. This number includes 1,203 shares acquired under the Registrant's employee stock purchase plan on June 1, 2024.
- 2. The shares underlying this stock option vest in forty-eight (48) equal monthly installments following the vesting commencement date of November 14, 2019, subject to the reporting person's continued employment through each vesting date.

/s/ Bruce N. Jacobs, as Attorney-in-Fact

\*\* Signature of Reporting Person Date

06/20/2024

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.