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

Name and Address of Reporting Person* Jacobs Bruce N.						2. Issuer Name and Ticker or Trading Symbol Kymera Therapeutics, Inc. [KYMR]								(Check	all applic Directo	rector ficer (give title		Person(s) to Issuer 10% Owner Other (specify		
	MERA THI	irst) ERAPEUTICS, I RDS BLVD., SU				3. Date of Earliest Transaction (Month/Day/Year) 09/03/2021								X	below)	hief Finar	below)			
(Street) WATER	FOWN M		02472 (Zip)		_	If Ame	ndme	nt, Date	e of Original Filed (Month/Day/Year)					6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	Non-Deri	vativ	e Se	curit	ties A	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amor Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			nsaction(s) etr. 3 and 4)			(Instr. 4)	
Common Stock 09/03/20					2021	21			M	П	10,000	D	\$2.	.08	17	17,256		D		
Common Stock 09/03/202				2021	21			S ⁽¹⁾		8,500	D	\$60.0	513 ⁽²⁾	8,756			D			
Common Stock 09/03/20			2021	21		S ⁽¹⁾		1,500	D	\$60.496 ⁽³⁾		7,256			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)	Execution Date, if any		4. Transa Code (8)				Expir	te Exer ation D th/Day/		of Securities		D	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo or Num of Shar	ber						
Stock Option (Right to Buy)	\$2.08	09/03/2021			A			10,000	(4)	08/28/2029	Common Stock	10,0	000	\$0.00	209,89	9	D		

Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 6, 2020.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$59.41 to \$60.35. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$60.42 to \$60.59. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 4. Twenty-five percent (25%) of the shares underlying this stock option vested on July 1, 2020 and the remaining shares shall vest in equal monthly installments over the remaining thirty-six (36) months, subject to the reporting person's continued employment through each vesting date.

Remarks:

/s/ Bruce N. Jacobs

09/03/2021

** 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.