FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / a a la i a a 4 a a | D C | 20540 |
|------------------------|------|-------|
| Vashington, | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | ourden | | | | | | | | |
| 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* MARAGANORE JOHN | | | | | <u>Ky</u> | Issuer Name and Ticker or Trading Symbol Kymera Therapeutics, Inc. [KYMR] Joate of Earliest Transaction (Month/Day/Year) | | | | | | | (Ch | eck all appli X Directo | , | 10% | Owner (specify |
|--|--|---------------------------------------|--|------------|-----------------|--|----------|-----------------------|--|--------------|------------|--|---|---|--|---|---------------------------------------|
| (Last) | (F | First) | (Middle) | | | 06/15/2023 | | | | | | | | below) | (give title | belov | |
| C/O KYMERA THERAPEUTICS, INC. 200 ARSENAL YARDS BLVD. SUITE 230 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) WATER | TOWN M | ſA | 02472 | | _ | | | | | | | | | | iled by More | | |
| (City) | 2) | State) | (Zip) | | | 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. | | | | | | | | nded to | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Sec | curities | Ac | quired, D | ispos | sed o | f, or Be | neficial | ly Owned | i | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code (Ins | Transaction Disposed Of (D) (Instr Code (Instr. 5) | | | Benefici | es F ally (Following (| Form: Direct | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | V A | Amount | (A) o (D) | r Price | Transaci (Instr. 3 | tion(s) | | (Instr. 4) | | |
| | 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 | Date Executio (Month/Day/Year) if any | 3A. Deem Execution if any (Month/Da | Date, | | ransaction of code (Instr. Code (I | | ve es d | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e and | 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 Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code V (A) | | (A) | (D) | Date Exercisable Date | | iration o | | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$27.67 | 06/15/2023 | | | A | | 12,000 | | (1) | 06/14 | 4/2033 | Common Stock | 12,000 | \$0.00 | 12,000 | D | |

Explanation of Responses:

1. The shares underlying this stock option shall vest in full upon the earlier to occur of (i) June 15, 2024 and (ii) the date of the next annual meeting of the Issuer's stockholders.

Remarks:

/s/ Bruce Jacobs, as Attorneyin-Fact

06/20/2023

** 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.