| SEC Form 4 |
|------------|
|------------|

FORM 4

Check this box if no longer subject

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 | | | | | | | |

| to Section 16. For obligations may of 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 | | Estimated average burden hours per response: 0. | | |
|--|---|-------|--|---|---|--|--|
| 1. Name and Address of Reporting Person [*] <u>Gollob Jared</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>Kymera Therapeutics, Inc.</u> [KYMR] | (Check all applicab Director X Officer (giv | 10% Owner ve title Other (specify | | |
| | (First) THERAPEUTICS YARDS BLVD., 5 | 1 | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021 | below) | below) f Medical Officer | | |
| (Street) WATERTOWN | | 02472 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form filed | t/Group Filing (Check Applicable by One Reporting Person by More than One Reporting | | |
| (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) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of | s Acquire f (D) (Inst | d (A) or tr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 02/17/2021 | | S ⁽¹⁾ | | 7,550 | D | \$58.3889 | 99,997 | D | |
| Common Stock | 02/18/2021 | | S ⁽¹⁾ | | 6,499 | D | \$55.9379 | 93,498 | D | |
| Common Stock | 02/19/2021 | | S ⁽¹⁾ | | 8,887 | D | \$55.0871 | 84,611 | 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. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | vative rities ired r osed) . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | d 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(s) (Instr. 4) | 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 | | | | |

Explanation of Responses:

1. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted on November 6, 2020.

Remarks:

/s/ Bruce N. Jacobs, as

Attorney-in-Fact

02/19/2021

** 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.