FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
-------------	------	-------

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	HIP

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* Hrustanovic Gorjan				<u>Ky</u>	2. Issuer Name and Ticker or Trading Symbol Kymera Therapeutics, Inc. [KYMR]								Relationship neck all appli X Directo	cable) or	g Per	10% Ov	ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Officei below)	(give title		Other (s below)	pecity
C/O KYMERA THERAPEUTICS, INC. 200 ARSENAL YARDS BLVD. SUITE 230				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	ГОWN M	ÍΑ	02472												filed by Mor		n One Repo	- 1
(City)	(S	tate)	(Zip)		₋	Chec	k this box	to inc	Transa	ansa	ction was r	nade pursua	ant to a co		ion or written	plan t	that is intende	d to
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic	es Form ially (D) of Following (I) (II		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	٧	Amount	(A) o (D)	r Price	Transac (Instr. 3	ction(s)			mstf. 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)	Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		epiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$27.67	06/15/2023			A		12,000		(1)	06	5/14/2033	Common Stock	12,000	\$0.00	12,000)	D ⁽²⁾	

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.
- 2. The Reporting Person is a member of BVF Partners L.P. ("BVF") and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of the equity grants to BVF. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

Remarks:

/s/ Bruce Jacobs, as Attorney-06/20/2023 in-Fact

** 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.