FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasinington,	D.C. 20049	

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* Mainolfi Nello						2. Issuer Name and Ticker or Trading Symbol Kymera Therapeutics, Inc. [KYMR]									(Ch	Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner				
(Last)	,	First) HERAPEUTICS, 1	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024] :	below	(give title hief Exec	utive	Other (spelow)	specify		
200 ARSENAL YARDS BLVD., SUITE 230				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WATER1	TOWN I	MA	02472													_	orm filed by One Reporting Person orm filed by More than One Reporting erson			
(City) (State) (Zip)					Rı	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.														
		Tab	le I - Non	-Deriv	ative	Se	curit	ies Ac	qui	ired, [Disp	osed c	of, or	Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			, ·	Transaction Dispos Code (Instr. 5)		Dispose	rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			Benefic Owned	s Formally (D) (collowing (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A (C	A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(instr. 4)
Common Stock 01/02/				2/2024	/2024 M			9,000 A S		\$2.08	08 615,570			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. Deeme Execution if any (Month/Day	Date,	4. Transactic Code (Inst		of Deri Sec Acq (A) of Disp	oosed D) tr. 3, 4	Exp	Date Exer Diration I Donth/Day	Date		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exe	e ercisable		kpiration ate	Title	1	Amount or Number of Shares					
Stock Option (Right to Buy)	\$2.08	01/02/2024			М			9,000		(1)	11	/13/2029	Comm Stock		9,000	\$0.00	519,97	2	D	

Explanation of Responses:

1. 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

01/02/2024

ctly

** 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.