FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

	tion 1(b).			File	d purs	suant Secti	to Section on 30(h) o	n 16(a of the	) of the S Investme	ecurit ent Co	ties Exchan mpany Act	ge Act of of 1940	f 193	4		liouis	peries	sponse.	0.5
Name and Address of Reporting Person*     Ridloff Elena						2. Issuer Name and Ticker or Trading Symbol Kymera Therapeutics, Inc. [ KYMR ]								(Che	eck all applic	ationship of Reporting Person(s) to Issuer k all applicable)  Director 10% Owner			
(Last) (First) (Middle) C/O KYMERA THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/16/2021								Officer below)	(give title		Other (s below)	specify			
200 ARSENAL YARDS BLVD., SUITE 230					4. If Amendment, Date of Original Filed (Month/Day/Year) 06/17/2021								Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WATER	ΓOWN M	IA	02472		00/	00/1//2021							)	Form f	filed by One Reporting Per filed by More than One Re n		•		
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ativ	e Se	curities	s Ac	quired	, Dis	posed o	f, or B	ene	eficially	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Of (D		ies Acquired (A) Of (D) (Instr. 3, 4			5. Amou Securitie Beneficie Owned F	s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
		-	Table II - I						,		osed of, convertil			•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Pate, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	ode	ode V	(A)	(D)	Date Exercisa		Expiration Date			Amount or lumber of Shares					
Stock Option (Right to	\$49.1	06/16/2021			Α		10,459		(1)		06/15/2031	Commo	on   1	.0,459	\$0.00	10,45	9	D	

## **Explanation of Responses:**

1. The shares underlying this stock option shall vest in full upon the earlier to occur of (i) June 16, 2022 and (ii) the date of the next annual meeting of the Issuer's stockholders.

## Remarks:

Buy)

This Amended Form 4 restates the original Form 4 in its entirety.

/s/ Bruce Jacobs, as Attorneyin-Fact

04/15/2022

\*\* 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.