FORM 4

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 | | | | | | | | |

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] | | | | | | | | | | ck all applic | able) | g Pers | son(s) to Iss 10% Ov | vner |
|--|--|--|--|--------|--------|---|-------|--|---------------------------------|---|----------|------------------|--|--------------------------------|--|---|--|---|--|---------------------------------------|
| | MERA TH | irst) ERAPEUTICS, 1 RDS BLVD., SU | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2021 | | | | | | | | | X | below) | (give title | utive | Other (specify below) e Officer | |
| (Street) WATERT | | | 02472 (Zip) | | 4.1 | f Ame | endme | nt, Date | of O | of Original Filed (Month/Day/Year) | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Non | -Deriv | /ative | e Se | curit | ies Ac | qui | ired, C | Disp | osed o | f, or Be | nefic | cially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | Execution Date, | | •, | 3. Transac Code (Ir 8) | 4. Securities Acquired (Disposed Of (D) (Instr. 3 | | | 4 and Securitie Beneficia | | es Forn ally (D) o Following d tion(s) | | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code V | | Amount | ınt (A) or (D) | | | | rice | | Transact (Instr. 3 | |
| Common Stock 06/14/ | | | | | 4/202 | 1/2021 | | | М | | 40,000 A | | \$ | \$2.08 | 452,199 | | | 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, | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | e and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | Amo or Num of Shar | nber | | | | | |
| Stock Option (Right to Buy) | \$2.08 | 06/14/2021 | | | М | | | 40,000 | | (1) | 0 | 5/22/2029 | Common Stock | 40,0 | 000 | \$0.00 | 96,424 | 4 | D | |

Explanation of Responses:

1. The shares underlying this stock option shall vest in forty-eight (48) equal monthly installments following the vesting commencement date of February 7, 2019, subject to the reporting person's continued employment through each vesting date.

Remarks:

/s/ Bruce Jacobs, as Attorney-

06/14/2021

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.