## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL |                     |           |  |  |  |  |  |  |  |  |  |
|--------------|---------------------|-----------|--|--|--|--|--|--|--|--|--|
|              | OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |  |
| 1            | Estimated average l | nurdon    |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Jacobs Bruce N.</u>                          |   |  |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Kymera Therapeutics, Inc. [ KYMR ] |   |      |  |         |               |  |                          |              | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner   |  |                                    |   |  |  |   |   |
|--|---|--|--|---|---|------|--|---------|---------------|--|--------------------------|--------------|---|--|------------------------------------|---|--|--|---|---|
| (Last) (First) (Middle) C/O KYMERA THERAPEUTICS, INC. 500 NORTH BEACON STREET, 4TH FLOOR |   |  |  | 01  | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025 |      |  |         |               |  |                          |              |   | Officer (give title Other (specify below)  Chief Financial Officer |                                    |   |  |  |   |   |
| (Street) WATERTOWN MA 02472  (City) (State) (Zip)  |   |  |  | .   4.  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |      |  |         |               |  |                          |              | Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |                                    |   |  |  |   |   |
|  |   | Tab  | le I - Non   | -Deriv  | ative   | e Se | curit  | ties Ac | quire         | ed, D  | isposed                  | o b          | f, or Be  | nefici   | ally                               | Owned   |  |  |   |   |
| 1. Title of Security (Instr. 3)  2. Trans: Date (Month/L                                 |   |  |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                           |   | Cc   | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) |         |               |  | 4 and Securitie Benefici |              | es Formally (D) (I) (I  |  | : Direct<br>r Indirect<br>str. 4)  | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |  |   |   |
|  |   |  |  |   |   |      |  | Co      | ode V         | Amou   | ınt                      | (A) o<br>(D) | r Pric  | e  | Transaction(s)<br>(Instr. 3 and 4) |   |  |  |   |   |
| Common Stock 01/10   |   |  |  |   | 0/202   | 25   |  |         | 1             | М  | 10                       | 0,000 A S    |   | \$2  | 2.08                               | 178,921(1)  |  |  | D |   |
|  |   | -  | Table II - I<br>(                                  |   |   |      |  |         |               |  |                          |              | or Ben<br>ole secu  |  |                                    | wned  |  |  |   |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution D<br>if any<br>(Month/Day/ | ate, 1  | 4.<br>Transaction<br>Code (Instr.<br>8)                     |      |  |         | Expir         | 6. Date Exercisab<br>Expiration Date<br>(Month/Day/Year) |                          |              | of Securities   |  | D<br>S                             | . Price of<br>erivative<br>ecurity<br>nstr. 5)        | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e Ownershi Form: Direct (D) or Indirec g (I) (Instr. 4 |   | 11. Nature<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |
|  |   |  |  |   | Code  | v    | (A)  | (D)     | Date<br>Exerc | cisable  | Expiration Date          | on           | Title   | Amour<br>or<br>Number<br>of<br>Shares                              | er                                 |   |  |  |   |   |
| Stock<br>Option<br>(Right to<br>Buy)   | \$2.08  | 01/10/2025                                 |  |   | M   |      |  | 10,000  |               | (2)  | 08/28/20                 | 29           | Common<br>Stock   | 10,00  | 00                                 | \$0   | 94,899   |  | D |   |

## **Explanation of Responses:**

- 1. This number includes 367 shares acquired under the Registrant's employee stock purchase plan on December 1, 2024
- 2. Twenty-five percent (25%) of the shares underlying this stock option vested on July 1, 2020 and the remaining shares vested in equal monthly installments over the remaining thirty-six (36) months, subject to the reporting person's continued employment through each vesting date.

/s/ Bruce N. Jacobs

01/13/2025

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.