FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-02										
	Estimated average burden										
l	houre 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

1. Name and Address of Reporting Person* Booth Bruce						2. Issuer Name and Ticker or Trading Symbol <u>Kymera Therapeutics, Inc.</u> [KYMR]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Other (capable)			wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/18/2024						Officer (give title Other (spe below) below)					
C/O KYMERA THERAPEUTICS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					
500 NORTH BEACON STREET, 4TH FLOOR													Line) Form filed by One Reporting Person				
(Street) WATERTOWN MA 02472											Form filed by More than One Reporting Person						
						Rule 10b5-1(c) Transaction Indication											
(City) (State) (Zip)					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	vativ	e Se	curities	AC	quired, D	isposed	of, or Be	neficial	y Owned	l			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Beneficia Owned F	es For ally (D) Following (I) (6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	Amoun	(A) o	r Price	Reported Transact (Instr. 3	ion(s)		Instr. 4)	
		•	Table II - D						uired, Dis , options				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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$31.2	06/18/2024			A		16,000		(1)	06/17/2034	Common Stock	16,000	\$0.00	16,000	D ⁽²⁾		

Explanation of Responses:

- 1. The shares underlying this stock option shall vest in full upon the earlier to occur of (i) June 18, 2025 and (ii) the date of the next annual meeting of the Issuer's stockholders.
- 2. This option was granted to the Reporting Person, a director of the Issuer. The proceeds of any sale of shares of common stock issued to the Reporting Person upon exercise of this option will be transferred to Atlas Venture Life Science Advisors, LLC and as such, the Reporting Person disclaims ownership of such 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.

/s/ Ommer Chohan, as Attorney-in-Fact

06/20/2024

** 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.