FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL							
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

					0.		o oo(.	., 0	111100011101		.,,								
1. Name and Address of Reporting Person* <u>Lachey Jennifer</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Keros Therapeutics, Inc. [ KROS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify				
(Last) (First) (Middle) C/O KEROS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/11/2021												below)	
99 HAYDEN AVENUE, SUITE 120, BUILDING E						4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable											plicable		
(Street) LEXINGTON MA 02421														Line)  X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	City) (State) (Zip)					Person													
		Tab	le I - Nor	n-Deriv	/ative	Se	curit	ies Ad	cquired,	Dis	posed c	of, or Be	nefic	ially	Owned	t l			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A)		r Pric	e	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			05/1	1/202	1			М		2,650	) A S		0.3	3 73,837		37 D		
Common Stock 0				05/13	1/2021	1/2021					2,650	0 D	\$	50	71,187		D		
Common Stock 05/				05/13	3/2021				M		6,220	0 A	\$0	).11	77,407		D		
Common Stock 05/1:				3/202	/2021			M		500	A	\$	0.3	77,	77,907		D		
		Т	able II -						uired, D s, optior						Owned				
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/Da	Date,		ransaction code (Instr.		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Deri Secu (Inst	Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (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 Exercisab		xpiration ate	Title	Amou or Numb of Share	er					
Employee Stock Option (right to buy)	\$0.3	05/11/2021			M			2,650	(2)	0	3/25/2028	Common Stock	2,65	0	\$0.00	132,35	5	D	
Employee Stock Option (right to buy)	\$0.11	05/13/2021			М			6,220	(2)	04	4/02/2027	Common Stock	6,22	0	\$0.00	0		D	
Employee Stock Option (right to buy)	\$0.3	05/13/2021			М			500	(3)	0	3/25/2028	Common Stock	500		\$0.00	7,793		D	

## Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. Immediately exercisable
- 3. One-twelft (1/12th) of the shares subject to the option vested or shall vest in equal quarterly installments commencing on March 18, 2018, subject to the Reporting Person continuing to provide service through each such date.

## Remarks:

/s/ Keith Regnante, Attorneyin-Fact

05/13/2021

\*\* 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.