FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 |
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| wasiiiigton, | D.C. | 20049 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | |
|-----|---------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| | Estimated average b | ourden | | | | | | |
| - 1 | 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

| 1. Name and Address of Reporting Person* Regnante Keith | | | 2. Issuer Name and Ticker or Trading Symbol Keros Therapeutics, Inc. [KROS] | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|--|---|---|--|-----------------|--|---|---|---|----------------------------------|---|---|---------------------------------------|
| (Last) | , | irst) APEUTICS, INC | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024 | | | | |] | below) | (give title F FINANCI | Other (s below) AL OFFICE | | |
| 1050 WALTHAM STREET, SUITE 302 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | TON M | [A | 02421 | | | | | | | | | _ | led by One Re | | |
| (City) | (S | tate) | (Zip) | - R | | | ` , | Transac | | | | | | | |
| | | | | | | | | icate that a tran defense condit | | | | | n or written plar | that is intended | to |
| | | Tab | le I - Non-De | rivativ | e Sec | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | |) | Execution Date | | Date, | Code (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F | s Fo ally (D) ollowing (I) | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code V | Amount | Amount (A) or (D) Price | | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| 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 | onversion Date Exercise (Month/Day/Year) if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Option (right to buy) | \$56.18 | 02/13/2024 | | A | | 40,000 | | (1) | 02/12/2034 | Common Stock | 40,000 | \$0 | 40,000 | D | |

Explanation of Responses:

1. 25% of the shares subject to the option shall vest on February 13, 2025, and 6.25% of the shares subject to the option shall vest in equal quarterly installments thereafter, subject to the Reporting Person continuing to provide service through each such date.

/s/ Keith Regnante

02/15/2024

** 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.