FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

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1. Name and Address of Reporting Person*  Nussbaum Ran					2. Issuer Name and Ticker or Trading Symbol Keros Therapeutics, Inc. [ KROS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Nussoaum Kan				-										X	Directo	or	X	10% Ov	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024									Officer below)	(give title		Other (s below)	pecify		
C/O KEI	ROS THER	APEUTICS, INC	C.	-	4 If I	A mon	dmont [	Data	of Original Fi	ilad (	Month/Do	Woor)		India	idual or	loint/Croup	Filipo	(Chook An	diaabla	
1050 WALTHAM STREET, SUITE 302					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street) LEXINGTON MA 02421													11	Form filed by More than One Reporting Person						
LEXING	TON M	A	02421	l l	D	1- 4	01-5	4 / - \	T	-41		: 4:								
					Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins															
		Tab	le I - Non-l	Derivat	tive	Sec	urities	A C	quired, D	isp	osed o	f, or Be	neficia	ally (	Owned					
Date				2. Transac Date Month/Da	Execution [			Date	Code (In	Transaction Code (Instr. 5)			ed (A) or str. 3, 4 a	4 and Securitie Benefici Owned F		es Formally (D) (Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	,	Amount	(A) o (D)	Price	,	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
		-	Table II - De						uired, Dis , options						wned					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Dat if any (Month/Day/Yo	Date, Transaction Code (Instr.		tion istr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se	Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
									Date		xpiration		Amour or Numbe of	r						
				Co	de \	<u> </u>	(A)	(D)	Exercisable	Da	ate	Title	Shares							
Stock Option (right to	\$46.31	05/30/2024		A			10,000		(1)	05	5/29/2034	Common Stock	10,00	0	\$0	10,000	)	D		

## **Explanation of Responses:**

1. The option shall vest in equal quarterly installments over the 12 months following the date of grant, provided that the grant will in any case be fully vested on the date of Issuer's 2025 annual meeting of stockholders, subject to the Reporting Person continuing to provide service through each such date

> /s/ Keith Regnante, Attorneyin-Fact

\*\* Signature of Reporting Person

06/03/2024

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.