FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, D.C. 20549 | 9 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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 S | ectio | n 30(h) d | of the | Investment (| Compai | ny Act | of 1940 | | | | | | |
|--|---|------------|---|--------------|--|--|---|--------------------------------------|--|--|---------------------------------|--|--|---|---|--|---|--|
| Name and Address of Reporting Person* Seth Alpna | | | | | 2. Issuer Name and Ticker or Trading Symbol Keros Therapeutics, Inc. [KROS] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023 | | | | | | | | | (give title | | er (speci | | |
| C/O KEROS THERAPEUTICS, INC. 1050 WALTHAM STREET, SUITE 302 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person | | | | | |
| (Street) LEXINGTON MA 02421 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | state) | (Zip) | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | ended to | | | | |
| | | Tab | le I - Noi | า-Deriv | ative | Sec | urities | s Ac | quired, D | ispos | sed o | f, or Be | neficial | ly Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if | | 2A. Deemed Execution Date, f any Month/Day/Yea | | , Transaction Dis Code (Instr. 5) | | Securities Acquired (Aisposed Of (D) (Instr. 3 | | | Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | of Ind Bene Owne | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | V A | Amount (A) or (D) | | | Reporte Transac (Instr. 3 | tion(s) | | (Instr | Instr. 4) | | | |
| | | Т | | | | | | | uired, Dis , options | • | , | | , | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, 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) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Inst | ship of Be D) Ow ect (In | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$48.79 | 06/06/2023 | | | A | | 10,000 | | (1) | 06/05/ | /2033 | Common Stock | 10,000 | \$0.00 | 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 2024 annual meeting of stockholders, subject to the Reporting Person continuing to provide service through each such date.

Remarks:

/s/ Keith Regnante, Attorneyin-Fact ** Signature of Reporting Person

06/08/2023

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.