FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C. 20549
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor resnance.	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* GORDON CARL L			Kei	2. Issuer Name and Ticker or Trading Symbol Keros Therapeutics, Inc. [KROS]						(Ch	5. 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							Officer below)	(give title	Other (: below)	specify
C/O KEROS THERAPEUTICS, INC. 1050 WALTHAM STREET, SUITE 302				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person					
(Street)	GTON M	IA	02421		_	1 - 4	101.5	4 (-	\ T				Form f Persor		than One Repo	orting
(City)	(S	itate)	(Zip)		$ _{\square}$	Chec	k this box	to inc) Transadicate that a trace defense cond	nsaction was	made pursua	ant to a con		on or written p	olan that is intend	ed to
		Tab	le I - No	n-Deriv	/ative	Sec	curities	s Ac	quired, D	isposed (of, or Be	neficial	ly Owned	i		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date			Code (Instr. 5)			red (A) or str. 3, 4 and	Benefici Owned F	es Formally (D) (sollowing (I) (I	Form: Direct	7. Nature of Indirect Beneficial Ownership	
				Code				/ Amoun	t (A) o	Price	Reported Transact (Instr. 3	tion(s)		Instr. 4)		
		T							uired, Dis s, 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)	Date,	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(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)	\$48.79	06/06/2023			A		10,000		(1)	06/05/2033	Common Stock	10,000	\$0.00	10,000 ⁽²⁾	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.
- 2. Pursuant to an agreement with OrbiMed Advisors LLC and OrbiMed Capital GP VII LLC, the Reporting Person is obligated to transfer any securities issued under any such stock options or other awards, or the economic benefit thereof, to OrbiMed Advisors LLC and OrbiMed Capital GP VII LLC, which will in turn ensure that such securities or economic benefits are provided to OrbiMed Private Investments VII, LP.

Remarks:

/s/ Keith Regnante, Attorneyin-Fact

06/08/2023

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** 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.