FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Kolchinsky Peter

(First)

C/O RA CAPITAL MANAGEMENT,

(Middle)

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

See Footnotes(2)(5)

See Footnotes(4)(5)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* RA CAPITAL MANAGEMENT, L.P.					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023								Officer (give title Other (specify below) below)					pecify	
(Street) BOSTON MA 02116				4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St		Zip)																
Date			2. Transaction	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acqu Disposed Of (D) (II			uired (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Natu Indired Benefic Owner (Instr.	t cial ship	
							Code	v	Amou	Amount		PI	rice	Reported Transaction(s) (Instr. 3 and 4)					
Common	Stock		01/04/2023				P		122	,334	A	\$	7.0276(1)	776 ⁽¹⁾ 9,628,259 ⁽²⁾ I		I See Footr		otes ⁽²⁾⁽	
Common	Stock		01/04/2023				P		58,	,369	A	\$	7.7968 ⁽³⁾	9,686,628 ⁽⁴⁾ I			See Footnotes ⁽⁴⁾⁽		
		Та	ble II - Derivat (e.g., pı						•					-	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trans Code 8)		of Deriv Secu Acqu (A) o Disp of (D	osed)) r. 3, 4	Expir	3 and 4		ount of urities erlying vative urity (Instr. d 4)	Derivative Security (Instr. 5) Bene Own Follo Report Trans (Instr		erivative Or securities For seneficially Di owned or		O. Downership of In Benic Direct (D) or Indirect (I) (Instr. 4)			
				Code	v	(A)	(D)	Date Exerc	isable	Expira Date	ation	Title	Amount or Number of Shares						
		Reporting Person	ENT, L.P.	•						•			•	•					
(Last) 200 BER	RKELEY S	(First) ΓREET, 18TH F	(Middle)																
(Street)	N	MA	02116																
(City)		(State)	(Zip)																
		Reporting Person Ithcare Fund																	
(Last) 200 BER	KELEY S	(First) ΓREET, 18TH F	(Middle)																
(Street)	N	MA	02116		_														
(City)		(State)	(Zip)																
1. Name ar	nd Address of	Reporting Person																	

200 BERKELI	EY STREET, 18T	H FLOOR							
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
Name and Address of Reporting Person*									
Shah Rajeev M.									
(Last)	(First)	(Middle)							
C/O RA CAPITAL MANAGEMENT,									
200 BERKELEY STREET, 18TH FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$6.64 to \$7.63; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes, upon request, to provide full information to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected.
- 2. Held directly by RA Capital Healthcare Fund, L.P. (the "Fund").
- 3. This transaction was executed in multiple trades at prices ranging from \$7.64 to \$8.00; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes, upon request, to provide full information to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected.
- 4. Held directly by the Fund.
- 5. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P.	01/06/2023
/s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC the General Partner of RA Capital Healthcare Fund, L.P.	01/06/2023
/s/ Peter Kolchinsky, individually	01/06/2023
/s/ Rajeev Shah, individually ** Signature of Reporting Person	$\frac{01/06/2023}{\text{Date}}$

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.