FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| . 200-13 | │ OMB APPROV |
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| OMB Number: | 3235-0287 | | | | | | | | | |
| 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 : | Secti | on 30(n) | of the | Investmen | t Con | npany Act | of 1940 | | | | | | | | | |
|---|--|--|--|--------|------------------------------------|--|----------|--------|--|------------------|------------------|---|--|---|---|---|---------------|--|--|--|--|
| Name and Address of Reporting Person* Collins James J. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O FULCRUM THERAPEUTICS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020 | | | | | | | | | | (give title | | Other (s | · | | |
| 26 LANDSDOWNE STREET | | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) CAMBRIDGE MA 02139 | | | | | | | | | | | | | | ne) X | · | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | _ | | | <u> </u> | Dis | | | | | wned | I | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Executi | | | Code (I | | | | | 4 and Securi | | es ally Following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) or (D) Pr | | . 1 | Fransact Instr. 3 | tion(s) | | | (iiisti. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transacti Code (Ins 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | Amount of Securities Underlying Derivative | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | i illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amoun or Numbe of Shares | | | | | | | | |
| Stock Option (right to buy) | \$17.63 | 06/11/2020 | | | A | | 9,285 | | (1) | 0 | 6/10/2030 | Common Stock | 9,285 | \$ | 0.00 | 9,285 | | D | | | |

Explanation of Responses:

1. This option was granted on June 11, 2020 and is scheduled to vest with respect to all shares on the first anniversary of the grant date or, if earlier, immediately prior to the first annual meeting of stockholders occurring after the grant date, subject to continued service.

Remarks:

/s/ Peter Thomson, as attorneyin-fact for James J. Collins 06/15/2020

** 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.