FORM 5

UNITED STATES SECUR

THES AND EXCHANGE	COMMISSION
Washington, D.C. 20549	

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL									
OMB Number: 3235-0362									
Estimated average burden									
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	Form 3 Holdings Reported.
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Form 4	Transactions	Reported.	Filed					Securities Exch nent Company A												
Name and Address of Reporting Person* Oltmans Curtis Gale				2. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC]							5. Relationship of Reporting Person(s) to Issur (Check all applicable) Director 10% Owner					ner				
	(Fii LCRUM TH DSDOWNE	IERAPEUTICS	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021								X Officer (give title Other (spe below) SVP, General Counsel								
(Street)			2139							· .	5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						1			
(City)	(St		Zip)																	
		Table	I - Non-Deriva	ative Secu	rities	s Acqu	uire	d, Disposed	l of,	, or	Benefici	ially (Own	ed						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any		3. Transaction Code (Instr.						Securi Benefi		ties Ov cially Fo		vnership Ind orm: Direct Bei		Nature of direct neficial vnership				
	(Month/Day/Year) 8) Amount (A) or P					Price	Issuer's Fiscal				rect (I) (Instr. 4)									
Common	Stock		12/17/2021			G		1,088	Ι)	\$0.00		1,2	48(1)		D				
		Tal	ble II - Derivati (e.g., pu					Disposed o					wne	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. Transaction Code (Instr. 8)	of Deriv	vative (irities uired or osed	Expira	ate Exercisable and ration Date tht/Day/Year) The property of the following terms of the f		ount of urities lerlying ivative urity (Instr.	8. Prio Deriva Secur (Instr.	ative			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

/s/ Curt Oltmans

Title

Expiration

Amount or Number of Shares

01/07/2022

** 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.

Date

^{1.} Consists of 1,248 shares acquired under the Issuer's 2019 Employee Stock Purchase Plan on November 12, 2021.