Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					01 30	ection 3	0(11) 0	i uie	lives	Surient C	ompany Act	01 1940	<u></u>						
Name and Address of Reporting Person* Could Debut I					2. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gould Robert J						I acram Therapeatics, me. [1 000]								X Director		tor	10% Owner		vner
														X		er (give title		Other (s	specify
` '	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/20/2021									below)		omai	below)	
C/O FULCRUM THERAPEUTICS, INC.				01/2	01/20/2021								See Remarks						
26 LANDSDOWNE STREET																			
(Street)				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
CAMBR	IDGE M	A 0	213	9										X Form filed by One Reporting Person					
,															Form filed by More than One Re				
(City)	(St	ate) (Z	Zip)			Person													
		Table	I - I	Non-Deriva	tive	Secui	rities	Acc	quir	ed, Di	sposed o	f, or I	3enefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution		on Date, C Day/Year) 8		3. Transaction Code (Instr. 8)					nd 5) Secu Bene Own		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								ode	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(msu. 4)		(111501.4)	
Common Stock 01/20/202				21			S ⁽¹⁾		10,000	D	\$12.082	:.0826 ⁽²⁾		524,845		D			
	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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		8. Price Derivat Securit (Instr. 5		ative derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat	te ercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 1, 2020.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.00 to \$12.365, inclusive. The reporting person undertakes to provide to Fulcrum Therapeutics, Inc., any security holder of Fulcrum Therapeutics, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

Remarks:

President & Chief Executive Officer

/s/ Peter Thomson, as attorney-in-fact for Robert J. 01/22/2021 Gould

** 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.