FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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* Oltmans Curtis Gale (Month/Day/Year) 11/30/2020			3. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC]				
(Last) (First) (Middle) C/O FULCRUM THERAPEUTICS, INC. 26 LANDSDOWNE STREET (Street) CAMBRIDGE MA 02139 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable)	10% C Other below)	wner (specify	i. Individual or Jo Check Applicable X Form filed Person	pint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No securities are beneficially owned			0	Ι			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
Title of Derivative Security (Instr. 4) Z. Date Exercisable and Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security Conve (Instr. 4) cr Exe		Conversio or Exercis	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

/s/ Curt Oltmans

12/07/2020

** Signature of Reporting

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 5 (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.