FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Gould Robert J						2. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gould	Kobert J									,				X	Direc	tor		10% O	wner		
(Last)	3. D	Date of Earliest Transaction (Month/Day/Year)									Office belov	cer (give title ow)		Other (below)	specify						
C/O FULCRUM THERAPEUTICS, INC.						06/05/2020								See Remarks							
26 LANI	OSDOWNE	STREET																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line) X Form filed by One Reporting Person							
CAMBRIDGE MA 02139				9	1										X Form filed by One Reporting Person Form filed by More than One Reporting						
-															Perso		ie iliali	One Ivep	orting		
(City)	(St	ate) (Z	Zip)																		
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Acc	quir	ed, Di	sposed o	of, or	Benefi	cially	Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Executio		n Date	, T	3. Transaction Code (Instr. 8)		4. Securities Disposed Of		nd 5) Secur Benet Owne		icially d Following	Form: (D) or Indire	Direct	7. Nature of Indirect Beneficial Ownership				
								c	Code	v .	Amount	(A) or (D)	Price		Repor Transa (Instr.	orted (In saction(s) 7. 3 and 4)		. 4)	(Instr. 4)		
Common Stock 06/05/202					0)			S ⁽¹⁾		3,433	D	\$20.17	722 ⁽²⁾	²⁾ 540,001			D			
		Tal	ble	II - Derivati (e.g., pu						,	posed of converti	,		•	Owne	d					
Derivative Conversion Date Execuserity or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Se Ac (A) Discontinuous of (Instr. Se Ac (A) Discontinuous of (Instruction of (Instr		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exe piration I ponth/Day		Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rice of ivative curity etr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration Date	ı Title	or Numbe of	r							

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 13, 2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.01 to \$20.31, 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. 06/09/2020 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.