FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	OIMB APP	ROVA
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323

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 Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number:	3235-0287							
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1. Name and Address of Reporting Person* Thomson Peter G.					2. Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (speci				/ner	
	CRUM TH	HERAPEUTICS,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/23/2020								helov		& Ac	below)	респу
26 LANDSDOWNE STREET (Street) CAMBRIDGE MA 02139 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date				tion						Acquired (A) or (D) (Instr. 3, 4 and 5)		5. Am	5. Amount of Securities		: Direct	7. Nature of Indirect		
(Month/Day/\			ny/Year)	ar) if any (Month/Day/Year)		ear)	Code (Instr. 8)		Amount	(A) or (D) Price		Owner Repor Transa	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		str. 4)	Beneficial Ownership (Instr. 4)		
Common Stock 01/23/20			2020				S ⁽¹⁾		4,738	D	\$17.1743	\	3,833		D			
Common Stock 01/23/202			2020				S ⁽¹⁾		262	D	\$18.0539	539 ⁽³⁾ 33,571			D			
		٦	Table I								posed of, , converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution	on Date, Transa Code (ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to	\$16.87	01/23/2020			A		33,100		(4)		01/22/2030	Commor Stock	33,100	\$0.00	33,10	0	D	

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 9, 2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.78 to \$17.73, 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.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$17.98 to \$18.26, 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 (3) to this Form 4.
- 4. This option was granted on January 23, 2020 and is scheduled to vest in equal quarterly installments over four years beginning on the vesting commencement date of January 1, 2020, subject to continued service.

Remarks:

buy)

/s/ Peter Thomson

** Signature of Reporting Person

01/27/2020

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.