SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

**COMMISSION** Washington, D.C. 20549

OMB APPROVAL

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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* ORBIMED ADVISORS LLC (Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR		2. Date of E Requiring S (Month/Day. 02/05/202	vent tatement 'Year)	3. Issuer Name and Ticker or Trading Symbol         Gemini Therapeutics, Inc. /DE [         4. Relationship of Reporting Person(s) to Issuer (Check all applicable)         X       Director       X       10% Owner Officer (give title below)         Officer (give below)       Other (specify below)			<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting</li> </ul>		
(Street) NEW YORK, (City) (Sta	( <u>10022</u> ate) (Zip)	_					X	Person Form filed Reporting	by More than One Person
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				5,316,224	<b>D</b> (1	1)(2)			
Common Stock				510,000	<b>D</b> <sup>(1</sup>	1)(2)			
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivativ	2. Date Exerc Expiration Da (Month/Day/Y	isable and ite	3. Title and Amount of Securities       4.         Underlying Derivative Security       Co         (Instr. 4)       or		4. Convers or Exerc	sion cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiratior Date	n Title	Amount or Number of Shares	Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)
	ss of Reporting Person		_						
(Last) 601 LEXINGT(	(First) ( ON AVENUE, 54TH								
(Street) NEW YORK,	NY	10022	_						
(City)	(State)	Zip)							
	ss of Reporting Person pital GP VI LLC								
(Last) (First) (Middle) 600 LEXINGTON AVENUE, 54TH FLOOR									
(Street) NEW YORK	NY	10022	_						
(City)	(State)	Zip)							

Explanation of Responses:

1. Represents 5,316,224 shares issued as Merger Consideration to OrbiMed Private Investments VI, LP pursuant to the Merger Agreement and 510,000 shares issued in the private placement of public securities ("PIPE") investment. OrbiMed Capital GP VI LLC, or GP VI, is the general partner of OrbiMed Private Investments VI, LP, or OPI VI. OrbiMed Advisors LLC, or OrbiMed Advisors, is the managing member of GP VI. By virtue of such relationships, OrbiMed Advisors and GP VI may be deemed to have voting and investment power with respect to the shares held by OPI VI and as a result may be deemed to have beneficial ownership of these shares. OrbiMed Advisors exercises investment and voting power through a management committee comprised of Carl Gordon, Sven H. Borho, and Jonathan T. Silverstein, each of whom disclaims beneficial ownership of the shares held by OPI VI.

2. This report on Form 3 is jointly filed by OrbiMed Advisors and GP VI. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its pecuniary interest therein, if any. The Reporting Persons have designated a representative, Carl Gordon, a member of OrbiMed Advisors, to serve on the Issuer's board of directors. This report shall not be deemed an admission that any such entity or person is a beneficial owner of such securities for purpose of Section 16 of the Exchange Act, or for any other purpose.

/s/ Douglas Coon, Chief Compliance Officer of OrbiMed Advisors LLC \*\* Signature of Reporting

Person

02/09/2021

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.