| SEC Form 4 |
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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB Number: | 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 |

| | | | | | | | | | | Person | | | |
|-------------------------------------------------------------------|-----------------------|----------|--|----------------------------------------------------------------|----------|---------|--------------|-----------------------|-------------------------------------------------------------------------------|--------------|--|--|--|
| (Street) NOT APPLICABLE DE | | | | nendment, Date of (| Driginal | Filed (| Month/Day/Ye | 6. Indi Line) X | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (Last) C/O GEMINI TH | (First) IERAPEUTIC | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2022 | | | | | below) | below CFO | | | |
| 1. Name and Address of Reporting Person [*] Piekos Brian | | | | er Name and Ticker <u>ini Therapeut</u> | | | | | ationship of Reportin k all applicable) Director Officer (give title | 10% 0 | | | |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------|---|----------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Restricted Stock Units | (1) | 01/13/2022 | | A | | 280,876 | | (2) | (2) | Common Stock | 280,876 | \$0.00 | 280,876 | D | |

Explanation of Responses:

1. Each restricted stock unit represents the right to receive one share of Gemini Therapeutics, Inc. common stock.

2. These Restricted Stock Units shall vest on the one (1)-year anniversary of the date of grant.

Remarks:

/s/ Brian Piekos

** Signature of Reporting Person

01/14/2022

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.