Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person* Dialog Priors						2. Issuer Name and Ticker or Trading Symbol Gemini Therapeutics, Inc. /DE [GMTX]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Piekos Brian</u>									·				1		Direc			10% O		
-					<u> </u>									X	Office below	er (give title		Other (specify	
(Last)		First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)										•	1	, ,		
C/O GEMINI THERAPEUTICS, INC.					05/14/2021									Chief Financial Officer						
300 ONE KENDALL SQUARE, 3RD FLOOR																				
500 ONE RENDALL SQUARE, SRD FLOOR				1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Ctt)					7. "/	4. II Amendment, Date of Original Filed (Month/Day/ feat)								Line)						
(Street)	UDCE :	4 A	02120											X Form filed by One Reporting Person					on	
CAMBR	IDGE .	MA	02139											Form filed by More than One Reporting					orting	
,															Perso	on				
(City)	(State)	(Zip)																	
		Tab	le I - N	on-Deriva	ative	Secu	rities	Aco	quired	d, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of	Security (I	nstr. 3)		2. Transact	ion	on 2A. Deemed 3. 4. Securities Acquired (A)						ed (A) or		5. Amo	ount of 6. Ov		wnership	7. Nature		
Date (Month/Day/				/Year) if any		tion Date, n/Day/Year)		Code (Instr.		f (D) (Instr. 3, 4		Benef		ficially (or Indirect	of Indirect Beneficial Ownership			
								Code V		Amount	(A) or Pric			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
										\vdash		(5)	-		`					
Common	Stock			05/14/2	021		P		7,655	A	\$9.46	462(1)		,655		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
	(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative	2. Conversion	3. Transaction	eemed ution Date,	4. Transa	ection	Derivative		Expiration Date Amount o (Month/Day/Year) Securities					Price of 9. Number derivative			11. Nature of Indirect				
Security	or Exercis		r) if any	if any							(Instr.	Secur	Securities		urity	Securities		Form:	Beneficial	
(Instr. 3)	(Instr. 3) Price of (Month/Day/Year)				8)	8)		Securities Acquired		Underlying Derivative				(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security				(A) or Disposed of (D)			Security (Ins			ity (Instr.	str.		Following Reported		(I) (Instr. 4)	' '			
									3 and 4)			4)			Transactio	n(s)				
					(Instr. 3, 4 and 5)									(Instr. 4)						
					anu 5)			- -			-									
													Amount or	unt						
								Date		Expiration		Number of								
					Code V (A) (D)				isable	Date	Title Share									

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$9.30 to \$9.50. Full information regarding the number of shares purchased at each separate price can be furnished to the SEC staff upon request.

Remarks:

/s/ Jason Meyenburg, attorney-05/18/2021 in-fact

** 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.