FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D.C. 20549 |  |
|------------------------|--|
|------------------------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP                  | ROVAL |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |       |  |  |  |  |  |  |  |  |  |
| Estimated average burden |       |  |  |  |  |  |  |  |  |  |
| hours per response       | 0.5   |  |  |  |  |  |  |  |  |  |

| Jobligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940 |  |  |  |  |
|--|---|--|--|--|--|
| Name and Address of Reporting Person*            | 2. Issuer Name and Ticker or Trading Symbol   |  |  |  |  |

| 1. Name and Address of Reporting Person*   |  | suer Name <b>and</b> Ticker<br>ringWorks Ther               |                              |               |                                   |               | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |   |  |  |
|--|--|---|------------------------------|---------------|-----------------------------------|---------------|---|---|---|---|--|--|
| <u>Lewis-Hall Freda C</u>  | 1292   |   | <u>upcu</u>                  | <u>1100</u> , | IIICI [ O III                     | X             | Director  | 10% (   | Owner   |   |  |  |
| (Last) (First) (Middle) C/O SPRINGWORKS THERAPEUTICS, INC  | 05/2   | ate of Earliest Transac<br>20/2021                          | ction (M                     | onth/E        | Day/Year)                         |               | Officer (give title below)  | Other<br>below  | (specify<br>)   |   |  |  |
| 100 WASHINGTON BLVD.   | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |                              |               |                                   |               |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                     |   |   |  |  |
| (Street)<br>STAMFORD CT 06902  |  |   |                              |               |                                   |               |   | Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |  |
| (City) (State) (Zip)   |  |   |                              |               |                                   |               |   |   |   |   |  |  |
| Table I - Nor  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |                              |               |                                   |               |   |   |   |   |  |  |
| 1. Title of Security (Instr. 3)  | 2. Transaction<br>Date<br>(Month/Day/Year  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 3.<br>Transa<br>Code (<br>8) |               | 4. Securities and Disposed Of (5) |               |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|  |  |   | Code                         | v             | Amount                            | (A) or<br>(D) | Price   | Transaction(s)<br>(Instr. 3 and 4)  |   | (Instr. 4)  |  |  |
| Common Stock   | 05/20/2021   |   | A                            |               | 1,106(1)                          | A             | \$0   | 25,227  | D   |   |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |                              |               |                                   |               |   |   |   |   |  |  |

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | of E  |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
|   |   |  |   | Code                         | v | (A)   | (D) | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |
| Stock<br>Option<br>(Right to<br>Buy)                | \$75.94   | 05/20/2021                                 |   | A                            |   | 6,998 |     | (2)  | 05/20/2031         | Common<br>Stock  | 6,998                                  | \$0   | 6,998  | D  |  |

## Explanation of Responses:

- 1. Represents restricted stock awards. The restricted stock awards shall vest in full on the earlier of (1) May 20, 2022 and (2) the next annual meeting of stockholders, subject to continued service to the Issuer on the vesting date.
- 2. The options shall vest in full on the earlier of (1) May 20, 2022 and (2) the next annual meeting of stockholders, subject to continued service to the Issuer on the vesting date.

/s/ Francis I. Perier, Jr as 05/21/2021 Attorney-in-Fact

\*\* Signature of Reporting Person

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.