FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours per response:	1.0						

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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Form 3 Holdings Reported.

Form 4	Transactions I	Reported.	Filed				e Securities Exchange A							
Name and Address of Reporting Person* LYNCH DANIEL			2. Issuer Name and Ticker or Trading Symbol SpringWorks Therapeutics, Inc. [SWTX]						Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Own				Owner	
(Last)	(Fir	st) (KS THERAPEU	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020					//Year)	Officer (give title Other (spe below) below)				
INC., 100 WASHINGTON BLVD			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ORD CT	, (06902							X Form	filed by O		-	I
(City)	(Sta	ate) (Zip)											
		Table	I - Non-Deriva	ative Securit	ties Acq	uire	d, Disposed	of, or	Benefic	ially Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date	2A. Deemed Execution Date,	3. Transaction Code (Instr.	ransaction Of (D) (Instr. 3, 4 a code (Instr.) or Dispose	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct	7. Nature of Indirect Beneficial		
			(Month/Day/Year)	if any	Code (I		Of (D) (Instr. 3, 4	and 5)		Benefici	ally	Form:	Direct	
					Code (I		Of (D) (Instr. 3, 4 Amount	(A) or (D)	Price	Benefici Owned a Issuer's	ally at end of		Direct I	Beneficial Dwnership Instr. 4)
Common	Stock			if any	Code (I	nstr.		(A) or	Price \$0	Benefici Owned a Issuer's Year (Ins 4)	ally at end of Fiscal	Form: (D) or Indired	Direct I	Ownership
Common	Stock	Ta	(Month/Day/Year) 12/08/2020 ble II - Derivat	if any (Month/Day/Year	Code (II 8) G	nstr.	Amount 100,000	(A) or (D) D of, or E	\$0 Beneficia	Benefici Owned a Issuer's Year (Ins 4) 459	ally at end of Fiscal str. 3 and	Form: (D) or Indired (Instr.	Direct I	Ownership

Explanation of Responses:

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

Title

Expiration Date

Amount or Number of Shares

02/11/2021

(Instr. 4)

** 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.

(Instr. 3, 4 and 5)

(A) (D) Date