FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* Perier Francis I Jr (Last) (First) (Middle) C/O SPRINGWORKS THERAPEUTICS, INC. 100 WASHINGTON BLVD.						2. Issuer Name and Ticker or Trading Symbol Spring Works Therapeutics, Inc. [SWTX]									ationship of Reporting k all applicable) Director Officer (give title		g Person(s) to Issu 10% Owi Other (sp		vner
				C.	3. Date of Earliest Transaction (Month/Day/Year) 01/05/2023									X	below)				
(Street) STAMFORD CT 06902 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				
			ole I - No	1		_			1	Dis	_				_			1	
D					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						Securitie Benefici Owned F	eficially ned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D) Pr		ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock ⁽¹⁾ 01/05/						/2023		A ⁽¹⁾		19,425 A			(1)	46,927		D			
Common Stock				01/0	06/2023				F ⁽²⁾		2,374	(2)	\$2	27.52	44,553		D		
			Table II -				urities Is, warr								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Insti				6. Date Exercis Expiration Date (Month/Day/Yea)	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (Right to Buy)	\$27.64	01/05/2023			A		60,000		(3)	(01/05/2033	Commo Stock	60,0	000	\$0	60,000	0	D	
Stock Option (Right to	\$27.64	01/05/2023			A		65,000		(4)		01/05/2033	Commo Stock	65,0	000	\$0	65,000	0	D	

Buy)

- 1. This transaction represents a grant of restricted stock units ("RSUs"). The RSUs shall vest as follows: thirty three percent (33%) to vest on January 5, 2024, another thirty three percent (33%) to vest on January 5, 2025 and the remaining thirty four percent (34%) to vest on January 5, 2026, such that the restricted stock awards are fully vested on January 5, 2026.
- 2. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting of restricted stock units and does not represent a sale by the Reporting Person.
- 3. This option shall vest in 48 equal monthly installments subject to continued service to the Issuer by the Reporting Person.
- 4. Twenty-five percent (25%) of this option shall vest and become exercisable on January 5, 2024, with the remaining seventy-five percent (75%) to vest in thirty-six (36) equal monthly installments thereafter subject to continued service to the Issuer by the Reporting Person.

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

01/09/2023

** 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.