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, D.C. 20549	

washington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Name and Address of Reporting Person* Device Francis L. I.					2. Issuer Name and Ticker or Trading Symbol SpringWorks Therapeutics, Inc. [SWTX]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Perier Francis I Jr				opring works Therapeutics, the. [SWIX]									Dire	ctor		10% Ov	vner		
(Last) (First) (Middle)					3 Da	Date of Earliest Transaction (Month/Day/Year)								+	X Office below	er (give title w)		Other (s	specify
						01/07/2023									Chief Fina	ncial	Officer		
C/O SPRINGWORKS THERAPEUTICS, INC.			INC.																
100 WASHINGTON BLVD.																			
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	2DD (um o													,	n filed by On	e Rep	orting Perso	on
STAMFO	ORD C	eT c	06902												Forr	n filed by Mo	re tha	n One Repo	orting
,															Pers	son		-	-
(City)	(\$	State) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or l	Bene	ficia	ılly Owı	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) 5)						d Secur Benet Owne	ficially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V		Amount	(A) (D)	or	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 01/07/2				2023			F ⁽¹⁾		1,090(1)	I	D	\$26.4	11 4	13,463		D			
		Та	ble II -	Derivati (e.g., pu	ve Se	curi	ties <i>A</i> varra	Acqu Ints,	ired, [optio	Disp ns, c	osed of, convertib	or Bo	enef ecuri	iciall ties)	y Owne	ed		,	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution (Month/Day/Year) Date (Month/Day/Year) (Month/Day/Year)		ion Date,	4. Transaction Code (Instr. 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 (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of						

Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the settlement of restricted stock awards and does not represent a sale by the Reporting Person.

/s/ Francis I. Perier, Jr.

01/10/2023

** 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.