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

Vashington,	D.C. 20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Fisher Stewart</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ]								eck all applic Directo	able) r	10% Owner		mer		
(Last)	(Firs	,	1iddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/30/2023								X Officer (give title below) Other (spe- below) Chief Scientific Officer					
490 ARSENAL WAY #120					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATERTO	OWN MA	. 0:	2472										Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	e I - Non	-Deriv	ative	Sec	uritie	es Acc	quired,	Dis	posed o	f, or Ber	neficiall	y Owned					
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Di			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		5. Amour Securitie Beneficia Owned F Reported	s ally following	Form: (D) or	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		l`		
Common Stock			08/30	0/2023				M		2,250	A	(1)	104	104,737		D			
Common Stock 08/3			08/30	0/2023						661		\$2.93	104,076			D			
		Ta									osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  2. Conversion Date (Month/Day/Year)  Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	is Silly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Performance Restricted Stock Units	(1)	08/30/2023			M			2,250	(1)	(	02/28/2025	Common Stock	2,250	\$0	16,50	0	D		

## **Explanation of Responses:**

- 1. Each performance restricted stock unit ("PRSU") represents the contingent right to receive one share of the Issuer's Common Stock upon vesting and settlement. 4,500 PRSUs shall vest upon satisfaction of three escalating share price vesting milestones, and the remaining PRSUs vest upon satisfaction of certain discovery and clinical milestones.
- 2. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting and settlement of PRSUs and does not represent a sale by the Reporting Person.

## Remarks:

/s/ Jolie M. Siegel, Attorney-in-

\*\* Signature of Reporting Person

**Fact** 

08/31/2023

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.