FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Instruction 1(b). | Somme. 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 | l | nours per resp | ponse: 0.5 |
|---------------------------------------|---------------------------------------|----------------|--|--|---|--|
| 1. Name and Addres Schick Kelly | es of Reporting Perso | on* | 2. Issuer Name and Ticker or Trading Symbol <u>C4 Therapeutics, Inc.</u> [CCCC] | 5. Relationship of (Check all applica Director | able) | on(s) to Issuer 10% Owner Other (specify |
| (Last) C/O C4 THERA 490 ARSENAL | · · · · · · · · · · · · · · · · · · · | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2022 | below) | hief People Of | below) |
| (Street) WATERTOWN (City) | MA (State) | 02472 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/27/2022 | Line) X Form file | bint/Group Filing ed by One Repor ed by More than | 0 |
| (City) | (State) | (zih) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|------------------------------|---|------------------------------------|---------------|--------|---|---|---|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 05/26/2022 | F ⁽¹⁾ | | 1,102 | D | \$7.01 | 2,648 | D | |

| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|--|--|---|------------------------------|---|-----|-----|--|--------------------|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

Remarks:

This Form 4/A is being filed to disclose shares withheld to satisfy tax withholding obligations which were inadvertently omitted from the original Form 4 filing.

/s/ Jolie M. Siegel, Attorneyin-Fact

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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