### FORM 4

#### UNITED S

Washington, D.C. 20549

STATES SECURITIES AND EXCHA	ANGE COMMISSION

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 Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

## 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

Name and Address of Reporting Person*     Schick Kelly					2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title  Other (specify				
(Last) (First) (Middle) C/O C4 THERAPEUTICS, INC. 490 ARSENAL WAY #120					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024									below) below) Chief People Officer				
(Street) WATERTO	Street) WATERTOWN MA 02472					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(Sta		(ip)	Darin		Sa.		^-		D:a		f or Do		O				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) or	5. Amou Securitie Beneficia Owned F	Fori lly (D) ( ollowing (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
									Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock 11/07.					7/2024	/2024		М		3,750	) A	(1)	57,	,590	D			
Common Stock 11/0				11/07	//2024			F <sup>(2)</sup>		1,102	D	\$6.04	56,	56,488				
		Ta							,	•	osed of, onvertib		•	Owned				
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. Transactic Code (Inst 8)		5. Number 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. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (i) Or Indirect (I) (Instr	Beneficial Ownershi ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares					
Performance Restricted Stock Units	(1)	11/07/2024			M			3,750	(1)		02/28/2025	Common Stock	3,750	\$0	10,500	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-11/12/2024

**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.