FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* White Lauren | | | | | | 2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [CCCC] | | | | | | | | (Chec | ationship of Reporti (all applicable) Director Officer (give title | | 10% O | | | |
|--|--|-------------------------------------|---------------|--------------------------------------|-----------------|---|--|--------------------------------|------------------|------------------------------------|---|------------------------|------------|---|--|------------------------------|---|--|---|--|
| | ГНЕRAPI | First) (EUTICS, INC. AY, SUITE 200 | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2022 | | | | | | | | X | below) | | below) ncial Officer | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (Street) | TOWN N | IA (|)2472 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/27/2022 6. Ind Line) | | | | | | | | | ' I | | | | | |
| | | Table | l - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities a Disposed Of (5) | | | | | 4 and Securi Benefi | | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | Code | v | Amount | | | Amount (A) or (D) | | ice | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | | | | | |
| Common Stock 05/26/2 | | | | | 2022 | | F ⁽¹⁾ | | 1,102 | П | \$ | 67.01 | | 2,648 | |) | | | | |
| 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) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Instr. 8) | | of | r osed) : 3, 4 | 6. Date Expirati (Month/ | ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Share | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Dii or (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

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, Attorney-06/14/2022 in-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.