FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT	OF CHANGE	S IN BENEFICIA	AL OWNERSHIP

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

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

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

4 Name -		f Damantina Davis . *			72	Issue	r Name an	d Tick	er or Trad	ina S	vmbol			5 Re	lationship of	f Reporting	n Perse	nn(s) to lee	er
Name and Address of Reporting Person* Hirsch Andrew				2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [CCCC]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
1111SCII	Alluicw						1	,			,			X	Director			10% Ov	ner
(Last)	(First)	(Middle)	ddle)			3. Date of Earliest Transaction (Month/Day/Year)						X	Officer (below)	give title		Other (s below)	pecify	
C/O C4 7	THERAPE	UTICS, INC.	, , ,				02/14/2024								President & CEO				
490 ARSENAL WAY #120				4.							6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)				-								X	X Form filed by One Reporting Person						
, ,	TOWN 1	MА	02472										Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication																		
Check this box to indicate that a transaction was made pursuant to the affirmative defense conditions of Rule 10b5-1(c). See Instruction																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					2A. Deemed Execution Date Day/Year) if any (Month/Day/Yea		Date,	, Transaction Disposed Of (I Code (Instr.			Acquired (A) or (D) (Instr. 3, 4 and 5)		Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership		
								Code	v	Amount (A)		(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)	
Common Stock			02/1	14/20:	4/2024			Α		103,40	103,400 ⁽¹⁾ A		\$0	217,301		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		ate,	4. Transaction Code (Instr. 8)		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			ľ	Code	v			Date Exercisab		expiration Date	Title	C N	Amount or Number of Shares		(Instr. 4)				
Stock Option (Right to Buy)	\$7.31	02/14/2024			A		465,500		(2))2/13/2034		Common Stock 465,5		\$0	465,500		D	

Explanation of Responses:

- 1. Represents restricted stock units ("RSUs"). Each RSU represents the contingent right to receive one share of the Issuer's Common Stock upon vesting and settlement. The RSUs shall vest in four equal annual installments following the grant date, with the first installment vesting on February 14, 2025.
- 2. The shares underlying this option shall vest and become exercisable in sixteen equal quarterly installments following the grant date, with the first installment vesting on May 14, 2024.

Remarks:

/s/ Jolie M. Siegel, Attorney-in-02/15/2024

** 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.