SEC For	rm 4																			
	FORM	4	UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549															VAL		
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 OWN Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										SHIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
1. Name and Address of Reporting Person* Koppikar Utpal					2. Issuer Name and Ticker or Trading Symbol <u>C4 Therapeutics, Inc.</u> [CCCC]								(Ch	Relationship of Reporting Person(s) to Issuer neck all applicable) X Director 10% Owner				wner		
(Last)	ast) (First) (Middle) O C4 THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023									below)	, ,					
490 ARSENAL WAY #120					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) WATERTOWN MA			02472		Bulo	Rule 10b5-1(c) Transaction Indication									Form filed by More than One Reporting Person					
(City) (State) (Zip)					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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transa Date (Month/D	action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Co	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	A) or 5. Amount 4 and Securities Beneficial Owned Fo Reported		Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Co	ode	v	Amount		(A) or (D) Price		Transact (Instr. 3	ion(s)			(Instr. 4)		
	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)	erviative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Date,	4. Transactio Code (Instr B)	n of	Expir	. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia		10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi		

Explanation of Responses:

\$<mark>3.6</mark>1

06/15/2023

Derivative

Security

1. This option shall vest and become exercisable in full upon the earlier to occur of (i) June 15, 2024 and (ii) the next annual meeting of the Issuer's stockholders, subject to the recipient's continued service as a member of the Board on such date.

Date Exercisable

(1)

Expiration Date

06/14/2033

Remarks:

Stock Option (Right to

Buy)

/s/ Jolie M. Siegel, Attorney-06/16/2023 in-Fact

Securities Underlying Derivative Security

Amount or Number

of Shares

26,000

(Instr. 3 and 4)

Title

Commor Stock

\$<mark>0</mark>

Owned

Following Reported

Transaction(s) (Instr. 4)

26,000

(Instr. 4)

or Indirect

(I) (Instr. 4)

D

** 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).

Code v (A)

A

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

26,000

(D)

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.