## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	Washingto	on, D.C. 2	20549		

OMB APPROVAL

OMB Number: 3235-0287

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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 Instruction 10.

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*     Mahaney Paige					2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ]							(Che	ck all applica Director Officer (	able)	g Pers	on(s) to Issu 10% Ov Other (s	/ner		
(Last) (First) (Middle) C4 THERAPEUTICS, INC. 490 ARSENAL WAY, SUITE 120					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024									Officer (give title Other (specify below)  Chief Scientific Officer					
(Street) WATERT		IA State)	02472 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)							
		Та	ble I - Non	-Deriv	vativ	/e Se	ecurities	s Ac	quired,	Dis	osed c	of, or B	enef	icially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date		Date,	e, Transaction Disposed		ities Acquired (A) o d Of (D) (Instr. 3, 4		() or (4 and 5)	5. Amoun Securities Beneficia Owned Fo	s Formally (D) ollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A) or (D)		or	Price	Transacti	Transaction(s) (Instr. 3 and 4)			(111301.4)
Common Stock			10/28	28/2024				A		76,800 <sup>(1)</sup> A		\$ <mark>0</mark>	76,800			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			3A. Deemed Execution Da if any (Month/Day/Y	Date, Transactio					Expiration Date or (Month/Day/Year) U			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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)		Date Exercisab		xpiration ate	Title	or Nu	ount mber Shares		Transaction(s) (Instr. 4)			
Stock Option (Right to Buy)	\$6	10/28/2024			A		345,600		(2)	1	0/27/2034	Common	34	5,600	\$0	345,600		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 October 28, 2025, subject to the Reporting Person's continued service on each such vesting date.
- 2. 25% of the shares underlying this option shall vest and become exercisable on October 28, 2025, with the remainder vesting in thirty-six equal monthly installments thereafter, subject to the Reporting Person's continued service on each such vesting date.

## Remarks:

/s/ Shagha Russell, Attorney-in-

10/29/2024

Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.