FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL 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

| Name and Address of Reporting Person*     Prokupets Elena                                 |  |                      | 2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ] |                                 |   |        |              |  |        | [5                     | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |  |  |                                      |  |  |      |
|---|--|----------------------|--|---------------------------------|---|--------|--------------|--|--------|------------------------|---|---|--|--|--------------------------------------|--|--|------|
| <u> Ргокир</u>  | ets Etena  |                      |  |                                 |   | r      |              | ,  |        | ,                      |   |   | X  | Directo  | r                                    |  | 10% Ov   | /ner |
| (Last)  | ,  | irst)<br>UTICS, INC. | (Middle)   |                                 | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2021 |        |              |  |        |                        |   |   | Officer<br>below)                          | (give title  |                                      | Other (s<br>below)   | pecify   |      |
| 490 ARSENAL WAY #200  |  |                      |  | F                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |        |              |  |        |                        | 6   | 6. Individual or Joint/Group Filing (Check Applicable |  |  |                                      |  |  |      |
| (Street) WATER  | TOWN M   | IA                   | 02472  |                                 |   |        |              |  |        |                        | ine)<br>X   | -,  |  |  |                                      |  |  |      |
| (City)  | (S   | itate)               | (Zip)  |                                 |   |        |              |  |        |                        |   |   |  |  |                                      |  |  |      |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned          |  |                      |  |                                 |   |        |              |  |        |                        |   |   |  |  |                                      |  |  |      |
| Date  |  |                      |  | 2. Transac<br>Date<br>(Month/Da | Execution Date,   |        | Code (In     | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)   |        | ed (A) o<br>tr. 3, 4 a | 4 and Securitie<br>Beneficia  |   | es Form<br>ally (D) o<br>Following (I) (Ir |  | n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |      |
|   |  |                      |  |                                 |   |        | Code         | <b>v</b>   | Amount | (A) or<br>(D) Pr       |   | e   | Transact                                   | ansaction(s)<br>str. 3 and 4)  |                                      |  |  |      |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                      |  |                                 |   |        |              |  |        |                        |   |   |  |  |                                      |  |  |      |
| Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any |  |                      | Cod  | insaction of I                  |   |        | Expiration I | 6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  T. Title and Am of Securities Underlying Derivative Section (Instr. 3 and 4) |        |                        | ies<br>g<br>Securi  | Derivative<br>Security                                |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                                      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |      |
|   |  |                      |  | Cod                             | le V  | (A)    | (D)          | Date<br>Exercisable  |        | xpiration<br>ate       | Title   | Amou<br>or<br>Numb<br>of<br>Share                     | er   |  |                                      |  |  |      |
| Stock<br>Option<br>(Right to<br>Buy)  | \$37.66  | 06/15/2021           |  | A                               |   | 23,500 |              | (1)  | 00     | 6/14/2031              | Common<br>Stock   | 23,50   | 00   | \$0.00   | 23,500                               | )  | D  |      |

## **Explanation of Responses:**

1. This option shall vest and become exercisable in full upon the earlier to occur of (i) June 15, 2022 and (ii) the next annual meeting of the Issuer's stockholders.

## Remarks:

/s/ Shoaib Ghias, Attorney-in-

06/17/2021

Fact

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).