SEC For	m 4 FORM	4	UNITED) STA	ΛTE	S S	ECU	RITIE	S AN	DE	хсн	AN	GE CO	OMMIS	SION				
		Washington, D.C. 20549														OMB APPROVAL			
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												ΗP	Estim	OMB Number: 323 Estimated average burden hours per response:		
	id Address of <u>Kendra</u>	*			2. Issuer Name and Ticker or Trading Symbol <u>C4 Therapeutics, Inc.</u> [CCCC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				vner	
(Last) C/O C4 1	.ast) (First) /O C4 THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 03/07/2024								Х	X Officer (give title Other (specify below) Chief Financial Officer				specify	
	ENAL WA		4. If Amendment, Date of C				Original Filed (Month/Day/Year)				Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person							
(Street) WATERT	TOWN N	02472												Form filed by More than One Reporting Person					
(City) (State) (Zip)				R	Rule 10b5-1(c) Transaction Indication 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.														
		Та	ble I - Nor	n-Deriv	vativ	ve Se	ecuriti	es Acq	uired,	Dis	posed	of,	or Ben	eficially	Owned				
1. Title of Security (Instr. 3)				2. Transact Date (Month/Day			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficial Owned Fo Reported	i Iy	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amour	nt	(A) or (D)	Price	Transactio (Instr. 3 a				(msu. 4)
			Table II -										r Benef e secur		Owned				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Ex urity or Exercise (Month/Day/Year) if				ransa ode (I		Derivative		6. Date Exercisable an Expiration Date (Month/Day/Year)				7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivativ Securitie Beneficia Owned Followin Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershij (Instr. 4)
														Amount		(Instr. 4)			1

Explanation of Responses:

\$22.71

\$<mark>19</mark>

1. On March 7, 2024, the Compensation Committee of the Issuer's Board of Directors approved an option repricing. All of the other terms of the options remain unchanged. Such transactions were exempt pursuant to Rule 16b-6(d) and Rule 16b-3 of the Exchange Act, as applicable.

Date Exercisable

(2)

(2)

2. This option vests and becomes exercisable in sixteen equal quarterly installments, with the first installment vested on May 14, 2022, subject to the Reporting Person's continued service on each vesting date. Remarks:

Stock Option (Right to

Buy) Stock Option (Right to

Buy)

/s/ Jolie M. Siegel, Attorney-in-03/08/2024 Fact

** Signature of Reporting Person Date

Amount or Numbei

of Shares

45,000

45,000

\$0⁽¹⁾

\$0⁽¹⁾

0

45,000

D

D

Expiration Date

02/13/2032

02/13/2032

Title

Commor

Stock

Commo

Stock

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).

03/07/2024

03/07/2024

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

٧

Code

D⁽¹⁾

A⁽¹⁾

(A)

45,000

(D)

45 000

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.