

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): September 25, 2026

C4 THERAPEUTICS, INC.
(Exact name of Registrant as Specified in Its Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)
490 Arsenal Way, Suite 120
Watertown, MA
(Address of Principal Executive Offices)

001-39567
(Commission File Number)

47-5617627
(IRS Employer
Identification No.)

02472
(Zip Code)

Registrant's Telephone Number, Including Area Code: (617) 231-0700

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$0.0001 par value per share	CCCC	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On September 25, 2026, C4 Therapeutics, Inc. (the “**Company**”) issued a press release titled “C4 Therapeutics Presents New Biomarker Data from the Cemsidomide Phase 1 Trial with Dexamethasone and Phase 1b Trial with Elranatamab (ELREXFIO®) in Relapsed/Refractory Multiple Myeloma at the 23rd International Myeloma Society (IMS) Annual Meeting” and posted a corporate presentation on its website at <https://ir.c4therapeutics.com/events-presentations>. A copy of each of the press release and presentation is furnished herewith as Exhibit 99.1 and Exhibit 99.2, respectively, to this Current Report on Form 8-K.

The information in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1 and Exhibit 99.2 attached hereto, is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “**Exchange Act**”), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing. The furnishing of this information hereby shall not be deemed an admission as to the materiality of any such information.

Item 8.01 Other Events.

On September 25, 2026, the Company announced new biomarker data from its Phase 1 clinical trial of cemsidomide in combination with dexamethasone in patients with relapsed/refractory multiple myeloma (“**RRMM**”), as well as preliminary biomarker data from the first two patients in the ongoing Phase 1b trial of cemsidomide in combination with elranatamab (ELREXFIO®), which are being presented in a poster presentation at the 23rd International Myeloma Society (IMS) Annual Meeting.

IMS Data Highlights and Cemsidomide Trial Progress Update:

Phase 1 Trial of Cemsidomide in Combination with Dexamethasone

In 62 heavily pre-treated RRMM patients across the once-daily (QD) dose levels, cemsidomide demonstrated coordinated activation of T cells, including CD8+ T cells, and functional reprogramming of natural killer (NK) cells. Notably, enhanced immune cell function was observed at the highest dose levels studied (75 µg and 100 µg), which also achieved compelling overall response rates in the Phase 1 trial.

Phase 1b Trial of Cemsidomide in Combination with Elranatamab

Biomarker data from the first two patients showed that cemsidomide drives the expansion and activation of CD8+ effector memory T cells as measured by elevated HLA-DR and prevents T-cell exhaustion as measured by PD-1, TIM-3 and LAG3 expression. These initial findings, based on available biomarker data, as of June 22, 2026, from the first two patients to complete Cycle 1, provide positive translational and mechanistic support for cemsidomide as a potential combination partner for immune-based therapies.

In addition, following the completion of the first safety cohort evaluating six patients, the safety data review committee declared the 75 µg cemsidomide dose level in combination with elranatamab safe. The Phase 1b trial is now advancing into a dose escalation safety cohort at the 100 µg cemsidomide dose level and an expansion cohort at the 75 µg cemsidomide dose level. Data from all cohorts evaluated in the Phase 1b trial are expected in mid-2027.

Forward-Looking Statements

This Current Report on Form 8-K contains “forward-looking statements” of C4 Therapeutics, Inc. within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including without limitation, express or implied statements regarding: the clinical significance of the biomarker data presented from the Company’s Phase 1 clinical trial of cemsidomide in combination with dexamethasone in patients with RRMM and the Phase 1b trial of cemsidomide in combination with elranatamab; the ability of cemsidomide to drive coordinated activation of T cells and functional reprogramming of NK cells; the potential of enhanced immune cell function observed at the highest dose levels studied to translate into clinical benefit; the ability of cemsidomide to drive the expansion and activation of CD8+ effector memory T cells and prevent T-cell exhaustion; the translational and mechanistic support for cemsidomide as a potential combination partner for immune-based therapies; the advancement of the Phase 1b trial into a dose escalation safety cohort at the 100 µg cemsidomide dose level and an expansion cohort at the 75 µg cemsidomide dose level; and the anticipated timing of data from all cohorts evaluated in the Phase 1b trial in mid-2027. Any forward-looking statements in this Current Report on Form 8-K are based on management’s current expectations and beliefs of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: uncertainties related to the initiation, timing, advancement and conduct of preclinical and clinical studies and other development requirements for the Company’s product candidates; the risk that preclinical or clinical data, including biomarker data or signs of biologic activity, may not be predictive of long-term results or translate across programs or the patient population; the risk that any one or more of the Company’s product candidates will cost more to develop or may not be successfully developed and commercialized; and the risk that sufficient capital to fund the Company’s future operations will be available to the Company on acceptable terms or at

the times required. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause the Company’s actual results to differ from those contained in the forward-looking statements, see the section entitled “Risk Factors” in C4 Therapeutics’ most recent annual report on Form 10-K and/or Quarterly Report on Form 10-Q, as filed with the Securities and Exchange Commission. Except as otherwise stated, the information in this Current Report on Form 8-K is as of the date of this Current Report on Form 8-K, and the Company undertakes no duty to update this information unless required by law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits. The exhibits shall be deemed to be filed or furnished, depending on the relevant item requiring such exhibit, in accordance with the provisions of Item 601 of Regulation S-K (17 CFR 229.601) and Instruction B.2 to this form.

Exhibit Number	Description
99.1	Press release issued September 25, 2026, furnished herewith.
99.2	Corporate presentation of the Company dated September 2026, furnished herewith.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

C4 Therapeutics, Inc.

Date: September 25, 2026

By: /s/ Kendra R. Adams

Kendra R. Adams

Chief Financial Officer, Head of Corporate Affairs, and Treasurer



C4 Therapeutics Presents New Biomarker Data from the Cemsidomide Phase 1 Trial with Dexamethasone and Phase 1b Trial with Elranatamab (ELREXFIO®) in Relapsed/Refractory Multiple Myeloma at the 23rd International Myeloma Society (IMS) Annual Meeting

Immunomodulatory Effects of Cemsidomide with Dexamethasone from Phase 1 Trial Demonstrated Robust T-cell Activation, a Key Component of Cemsidomide's Dual Mechanism of Action

Biomarker Data from First Two Patients in Phase 1b Trial of Cemsidomide with Elranatamab Reinforce Cemsidomide's Ability to Drive T-cell Expansion and Activation, and Prevent T-cell Exhaustion When Combined with Immune-based Therapies

First Cemsidomide Dose Level (75 µg) in Phase 1b Trial with Elranatamab Declared Safe by Safety Data Review Committee; Advancing Trial to Dose Expansion and Escalation Cohorts with Data from All Cohorts Evaluated Expected in Mid-2027

WATERTOWN, Mass., September 25, 2026 (GLOBE NEWSWIRE) -- C4 Therapeutics, Inc. (C4T) (Nasdaq: CCCC), a clinical-stage biopharmaceutical company dedicated to advancing targeted protein degradation (TPD) science, presented new biomarker data today from its Phase 1 clinical trial of cemsidomide in combination with dexamethasone in patients with relapsed/refractory multiple myeloma (RRMM) in a poster presentation at the 23rd IMS Annual Meeting. In addition, the poster included preliminary biomarker data from the first two patients in the ongoing Phase 1b trial of cemsidomide in combination with elranatamab (ELREXFIO®). These data further build upon the body of evidence supporting cemsidomide's immunomodulatory activity and potential as a combination partner.

“Immune-based therapies have transformed the treatment landscape for multiple myeloma, however T-cell exhaustion is associated with both primary resistance and relapse in these patients. Maintaining T-cell fitness is an important component of achieving deep and durable responses,” said Len Reyno, M.D., chief medical officer of C4 Therapeutics. “The totality of data presented today demonstrate that cemsidomide activates immune cell function, consistent with the hypothesis that cemsidomide will enhance the clinical benefit of immune-based therapies when used in combination. Additionally, clearing the 75 µg cemsidomide dose level in our Phase 1b trial is a critical step forward in identifying an effective and safe dose of cemsidomide in combination with a BCMA-directed T-cell engager, like elranatamab. Collectively, these outcomes, along with the differentiated safety profile and compelling anti-myeloma activity observed in our Phase 1 trial, reinforce our development strategy to potentially establish cemsidomide as a backbone therapy in multiple myeloma for patients in need of new treatment options.”

IMS Data Highlights and Cemsidomide Trial Progress Update:

Phase 1 Trial of Cemsidomide in Combination with Dexamethasone

In 62 heavily pre-treated RRMM patients across the once-daily (QD) dose levels, cemsidomide demonstrated coordinated activation of T cells, including CD8+ T cells, and functional reprogramming of natural killer (NK) cells. Notably, enhanced immune cell function was observed at the highest dose levels studied (75 µg and 100 µg), which also achieved compelling overall response rates in the Phase 1 trial.

Phase 1b Trial of Cemsidomide in Combination with Elranatamab

Biomarker data from the first two patients showed that cemsidomide drives the expansion and activation of CD8+ effector memory T cells as measured by elevated HLA-DR and prevents T-cell exhaustion as measured by PD-1, TIM-3 and LAG3 expression.⁽¹⁾ These initial findings provide positive translational and mechanistic support for cemsidomide as a potential combination partner for immune-based therapies.

In addition, following the completion of the first safety cohort evaluating six patients, the safety data review committee declared the 75 µg cemsidomide dose level in combination with elranatamab safe. The Phase 1b trial is now advancing into a dose escalation safety cohort at the 100 µg cemsidomide dose level and an expansion cohort at the 75 µg cemsidomide dose level. Data from all cohorts evaluated in the Phase 1b trial are expected in mid-2027.

About Cemsidomide

Cemsidomide is an investigational oral cereblon-modulating protein degrader of IKZF1/3, transcription factors foundational to multiple myeloma biology. Data from the fully enrolled Phase 1 trial show cemsidomide's differentiated safety and tolerability profile and potentially class-leading anti-myeloma activity that supports the potential for durable outcomes.

About Cemsidomide in Combination with Elranatamab (ELREXFIO®)

The Phase 1b trial is designed to evaluate the safety, tolerability and preliminary efficacy of cemsidomide and dexamethasone in combination with elranatamab, an FDA-approved B-cell maturation antigen CD3 targeted bispecific antibody. Data generated from the cemsidomide Phase 1 trial in relapsed/refractory multiple myeloma demonstrate robust T-cell activation and cytokine expression across multiple doses. By activating immune T-cells, cemsidomide, when combined with a BCMAxCD3 bispecific such as elranatamab, may amplify the anti-myeloma immune response and lead to deeper and more durable responses. The study will evaluate different cemsidomide dose levels (beginning with 75 µg, with the opportunity to simultaneously explore 50 µg and 100 µg) in patients who have received one to four prior lines of therapy, which must have consisted of at least one IKZF1/3 degrader. Exclusion criteria for patients include those who have received prior treatment with a BCMA-directed T-cell engager or BCMA-directed CAR-T therapy. More information is available at clinicaltrials.gov (NCT07280013).

About Multiple Myeloma

Multiple myeloma is a blood cancer that affects plasma cells in the bone marrow. It is the second most common blood cancer, with approximately 36,000 people in the United States diagnosed each year. Multiple myeloma is characterized by cycles of remission and relapse, which leads to patients needing multiple lines of therapy to manage the persistent disease. More than 175,000 patients in the United States are estimated to be living with or in remission from myeloma.

However, despite treatment advances, approximately 40% of patients do not survive beyond five years.

About C4 Therapeutics

C4 Therapeutics (C4T) (Nasdaq: CCCC) is a clinical-stage biopharmaceutical company dedicated to delivering on the promise of targeted protein degradation science to create a new generation of medicines that transforms patients' lives. C4T is progressing targeted oncology programs through clinical studies and leveraging its TORPEDO® platform to efficiently design and optimize small-molecule medicines to address difficult-to-treat diseases. C4T's degrader medicines are designed to harness the body's natural protein recycling system to rapidly degrade disease-causing proteins, offering the potential to overcome drug resistance, drug undruggable targets and improve patient outcomes. For more information, please visit www.c4therapeutics.com.

Forward Looking Statement

This press release contains "forward-looking statements" of C4 Therapeutics, Inc., within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements may include, but may not be limited to, express or implied statements regarding the clinical significance of the biomarker data presented from the Company's Phase 1 clinical trial of cemsidomide in combination with dexamethasone in patients with RRMM and the Phase 1b trial of cemsidomide in combination with elranatamab; the ability of cemsidomide to drive coordinated activation of T cells and functional reprogramming of NK cells; the potential of enhanced immune cell function observed at the highest dose levels studied to translate into clinical benefit; the ability of cemsidomide to drive the expansion and activation of CD8+ effector memory T cells and prevent T-cell exhaustion; the translational and mechanistic support for cemsidomide as a potential combination partner for immune-based therapies; the advancement of the Phase 1b trial into a dose escalation safety cohort at the 100 µg cemsidomide dose level and an expansion cohort at the 75 µg cemsidomide dose level; the anticipated timing of data from all cohorts evaluated in the Phase 1b trial in mid-2027; and the design and potential efficacy of the Company's therapeutic approaches. Any forward-looking statements in this press release are based on management's current expectations and beliefs of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: uncertainties related to the initiation, timing, advancement and conduct of preclinical and clinical studies and other development requirements for the Company's product candidates; the risk that preclinical or clinical data, including biomarker data or signs of biologic activity, may not be predictive of long-term results or translate across programs or the patient population; the risk that any one or more of the Company's product candidates will cost more to develop or may not be successfully developed and commercialized; and the risk that sufficient capital to fund the Company's future operations will be available to the Company on acceptable terms or at the times required. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause the Company's actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in C4 Therapeutics' most recent Annual Report on Form 10-K and/or Quarterly Report on Form 10-Q, as filed with the Securities and Exchange Commission. Except as otherwise noted, the information in this press release is as of the date of

the release, and C4 Therapeutics undertakes no duty to update this information unless required by law.

⁽¹⁾ *Based on available biomarker data, as of June 22, 2026, from the first two patients to complete Cycle 1.*

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Loraine Spreen

Senior Director, Corporate Communications & Patient Advocacy

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Protein degraded.
Disease targeted.
Lives transformed.

September 2026



Forward-looking Statements and Intellectual Property

FORWARD-LOOKING STATEMENTS

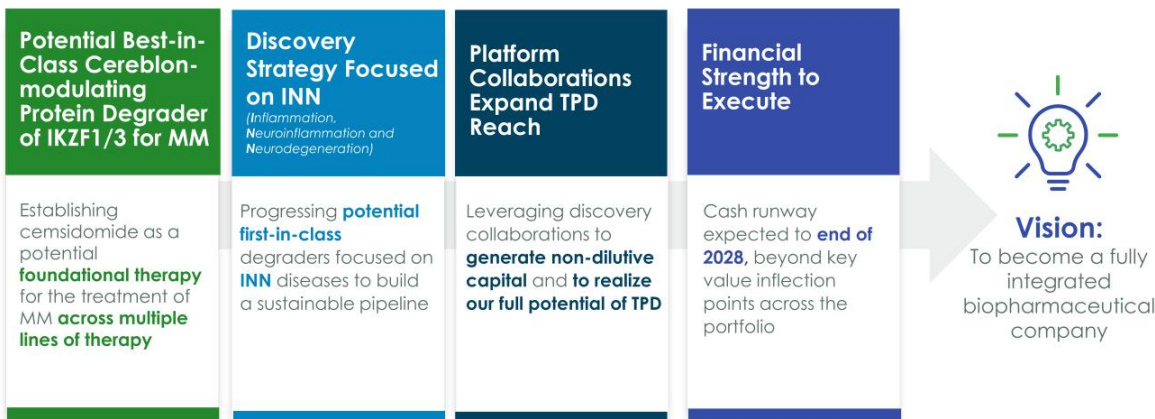
The following presentation contains forward-looking statements. All statements other than statements of historical fact are forward-looking statements, which are often indicated by terms such as "anticipate," "believe," "could," "estimate," "expect," "goal," "intend," "look forward to," "may," "plan," "potential," "predict," "project," "should," "will," "would" and similar expressions. These forward-looking statements include, but are not limited to, statements regarding the therapeutic potential of C4 Therapeutics, Inc.'s technology and products. These forward-looking statements are not promises or guarantees and involve substantial risks and uncertainties. Among the factors that could cause actual results to differ materially from those described or projected herein include uncertainties associated generally with research and development, clinical trials and related regulatory reviews and approvals, as well as the fact that the product candidates that we are developing or may develop may not demonstrate success in clinical trials. Prospective investors are cautioned not to place undue reliance on these forward-looking statements. The forward-looking statements included in this presentation speak only as of the date hereof and are subject to a variety of risks and uncertainties, including those set forth in our most recent and future filings with the Securities and Exchange Commission. Our actual results could vary significantly from those anticipated in this presentation, and our financial condition and results of operations could be materially adversely affected. C4 Therapeutics, Inc., undertakes no obligation to update or revise the information contained in this presentation, whether as a result of new information, future events or circumstances or otherwise.

This presentation also contains estimates, projections and other information concerning the markets for C4 Therapeutics, Inc.'s product candidates, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions and patient use of medicines. Information that is based on estimates, forecasts, projections, market research, or similar methodologies is inherently subject to uncertainties and actual events, and circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, the Company obtained this industry, business, market and other data from reports, research surveys, clinical trials studies and similar data prepared by market research firms and other third parties, from industry, medical and general publications, from other publicly available information, and from government data and similar sources.

INTELLECTUAL PROPERTY

C4 Therapeutics, Inc., owns various registered and unregistered trademarks and service marks in the U.S. and internationally, including, without limitation, C4 THERAPEUTICS, our housemark logo, the name of our TORPEDO platform, and the names of our BIDAC and MONODAC degrader products. All trademarks, service marks, or trade names referred to in this presentation that we do not own are the property of their respective owners. Solely for convenience, the trademarks, service marks, and trade names in this presentation are referred to without the symbols ®, SM and TM, but those references should not be construed as any indicator that their respective owners will not assert, to the fullest extent under applicable law, their rights to these trademarks, service marks, or trade names.

Advancing Differentiated TPD Medicines and Building a Sustainable Pipeline of High-value Degraders To Achieve Our Vision



STRATEGY: DEVELOP BEST-IN-CLASS AND FIRST-IN-CLASS DEGRADERS. VALIDATED PATHWAYS. LARGE MARKET OPPORTUNITIES

C4T is Focused on Advancing Potential Best-in-Class And First-in-Class Degraders Across Clinical Oncology Portfolio and INN Discovery Strategy

2026 Key Accomplishments

- ✓ Declared the 75 µg cemsidomide dose level in combination with elranatamab¹ safe in the ongoing Phase 1b trial
 - Initiated the 75 µg expansion cohort and 100 µg safety cohort
- ✓ Presented additional analyses from the fully enrolled Phase 1 trial of cemsidomide with dexamethasone in RRMM at EHA 2026
- ✓ Advanced start-up activities for an additional Phase 1b trial of cemsidomide with approved multiple myeloma therapies
- ✓ Dosed first patients in cemsidomide's Phase 2 MOMENTUM trial and Phase 1b trial with elranatamab
- ✓ Further expand platform reach
 - New agreement with Roche focused on DACs²
 - Earned a \$2 million milestone payment from Biogen for delivery of a second degrader for clinical development



Advance potential best-in-class and first-in-class degraders

- **Enroll 2 clinical trials** with cemsidomide to address 2L+ and 4L+ opportunities in MM
- **Establish combinability profile** with cemsidomide + elranatamab¹
- **Optimize indication selection** for multiple targets across discovery portfolio



Position for regulatory success and pipeline build

- **Complete enrollment** for Phase 2 MOMENTUM trial
- **Initiate additional Phase 1b trial** with approved standard of care MM therapies
- **Present two cemsidomide data readouts:**
 - Initial ORR data from Phase 2 MOMENTUM trial
 - Phase 1b data w/ elranatamab¹ to support advancement to Phase 3 trial
- **Start-up activities for Phase 3 cemsidomide + BCMAXCD3 Bispecific**
- **Advance internal discovery pipeline** to enable INDs



Unlock value across portfolio

- **Initiate and enroll Phase 3 trial** of cemsidomide + BCMAXCD3 Bispecific
- **Present efficacy and safety data** from the Phase 2 MOMENTUM trial
- **Potentially submit NDA** for cemsidomide
- **Potentially deliver 3 INDs** from discovery pipeline in INN indications

¹ Pfizer supplying elranatamab (ELREXFO®), a B-cell maturation antigen CD3 targeted bispecific antibody, to C4T for the Phase 1b trial; ²Announced collaboration agreement on April 9, 2026 (<https://ir.c4therapeutics.com/news-releases/news-release-details/c4-therapeutics-expands-long-term-partnership-roche-through-new>)

Focused Pipeline Advancing Clinical Oncology Degraders and New Discovery Strategy in Inflammation, Neuroinflammation & Neurodegeneration (INN) Diseases

	PROGRAM	TARGET	INDICATIONS	RESEARCH & PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	NEXT MILESTONE
CLINICAL ONCOLOGY PORTFOLIO	Cemsidomide	IKZF1/3	4L+ Multiple Myeloma	Phase 2 MOMENTUM trial w/ dex				Q1 2027: Complete enrollment 2H 2027: Present initial ORR data
			2L+ Multiple Myeloma	Phase 1b trial w/ elranatamab ² 				Mid-2027: Report data from all cohorts
	CFI8919 ¹	EGFR L858R	Non-Small Cell Lung Cancer					
INN DISCOVERY	Discovery	Novel targets in pathways of: -IL-23/IL-17 -Type 1 IFN -MAPK, PI3K/AKT, NF-kB	INN Inflammation, Neuroinflammation & Neurodegeneration					2028: Deliver up to three potential INDS

¹ License and collaboration agreement with Betta Pharmaceuticals for development and commercialization in Greater China
² Pfizer supplying elranatamab (ELREXFOB), a B-cell maturation antigen CD3 targeted bispecific antibody, to C4T for the Phase 1b trial

Strategic Platform Collaborations Expand Potential Reach of C4T TPD Medicines

	 Merck KGaA Darmstadt, Germany	
<i>Active Collaborations</i> 1) Evaluating targets in autoimmune diseases & oncology ✓ Advanced two programs to preclinical milestones¹ 2) Discovering and developing DACs for two programs against oncology targets	<i>Active Collaborations</i> Discovering targeted protein degraders against critical oncogenic proteins ✓ Achieved preclinical milestone from a project within the KRAS family	Delivered two development candidates (IRAK4 and BTK) for non-oncology targets² ✓ Both development candidates are now in Phase 1 clinical development

● **By year-end 2026:** Deliver at least one development candidate to collaboration partner

Cemsidomide

Cereblon-modulating protein degrader
of IKZF1/3

Multiple Myeloma



Cemsidomide is Positioned for Success

 Continued Relevance	Despite recent approvals for immune-based therapies in the MM landscape, IKZF1/3 are central drivers of MM development and progression, thus IKZF1/3 degraders will remain relevant across multiple lines and in combinations
 Generational Improvement	Cereblon-modulating protein degraders of IKZF1/3 are designed to overcome the limitations of first-generation IKZF1/3 degraders (IMiDs®)
 Potential best-in-class profile	Cemsidomide has a potential best-in-class profile among other IKZF1/3 degraders, with a clinically de-risked MOA
 Strategic Development Path	Two ongoing trials with a third trial expected to start next year to support cemsidomide's potential to become a backbone MM treatment

IKZF1/3 are Transcription Factors That are Central Drivers of Multiple Myeloma Development and Progression

IMiDs (Pomalyst Revlimid) & Cereblon-modulating protein degraders (Cemdisomide, Iberdomide, Mezisdomide)
All Degrade IKZF1/3 to Drive Anti-myeloma Activity

Key Roles of IKZF1/3

Physiological Functions:

- **IKZF1/3** directly regulate the activity of **IRF4**, another transcription factor that regulates downstream immune cell differentiation

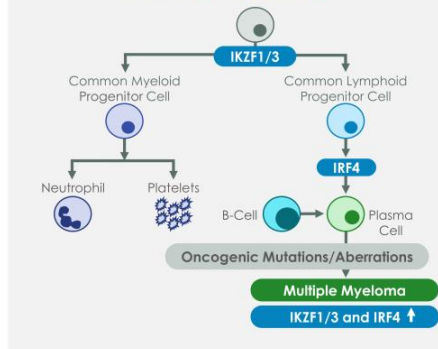
Oncogenic Functions:

- Multiple myeloma cells rely on **IKZF1/3** and **IRF4** for survival

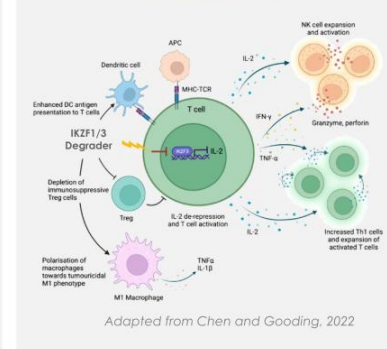
IKZF1/3 Degradation Leads to:

- Downregulation of **IRF4** blocking proliferation and promoting myeloma cell death
- T-cell activation
- On-target neutropenia

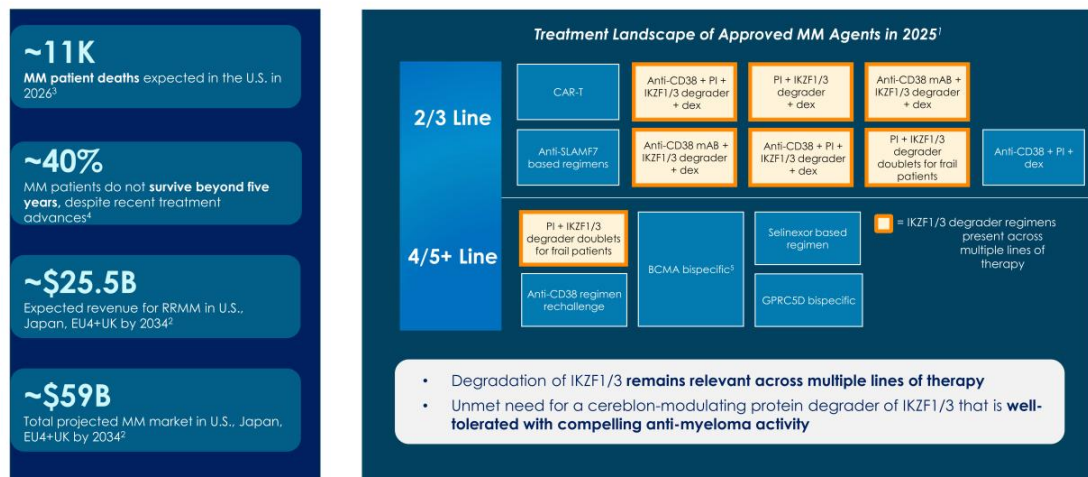
Hematopoietic Stem Cell



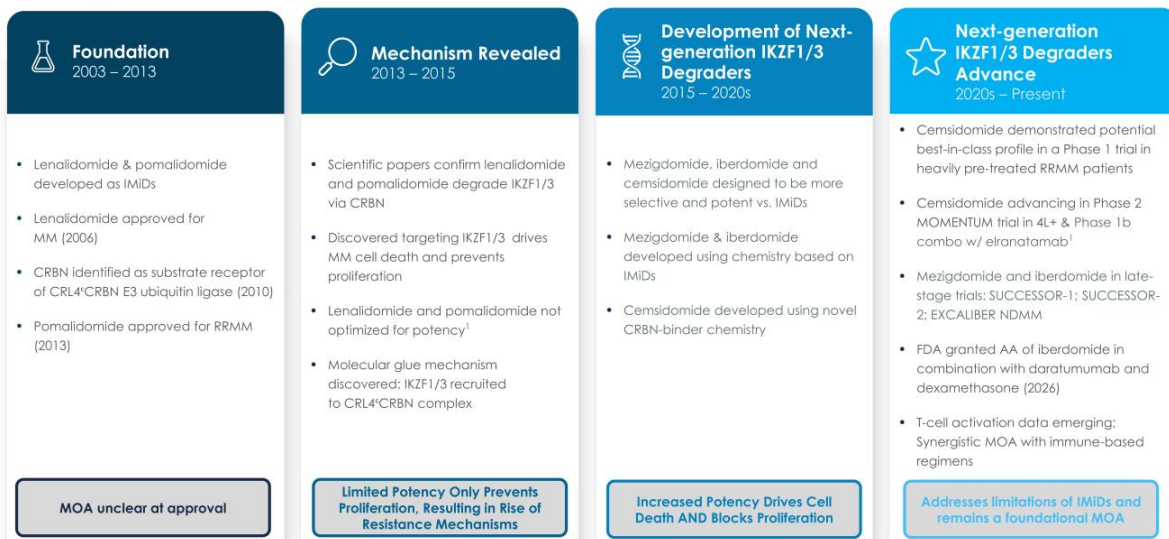
T-cell Activation



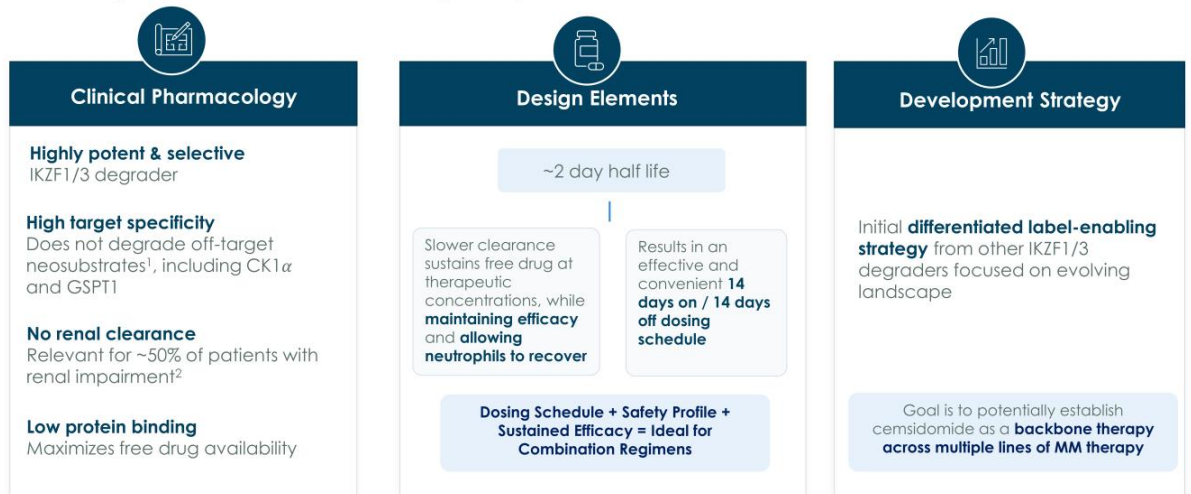
Biology of IKZF1/3 Degradation Supports Use Across Lines of Therapy and Combination Regimens



Discovery of IKZF1/3 Degradation Mechanism Advanced Next-Generation Degraders Development



Cemsidomide is a Potential Best-in-Class Cereblon-modulating Protein Degradator of IKZF1/3 in Multiple Myeloma





Phase 1 Trial of Cemsidomide + Dexamethasone Enrolled a Heavily Pre-treated Patient Population with Majority Receiving Prior CAR-T or T-cell Engager Therapy

Heavily Pre-treated Patient Population

Cemsidomide's patient population is representative of current multi-refractory patients

Characteristics	Safety Population (N=73)
Prior therapies, median (range)	7 (3-22)
Prior CAR-T therapy, n (%)	37 (51)
Prior T-cell engager therapy, n (%)	40 (55)
Prior CAR T or T-cell engager therapy, n (%)	55 (75)
Prior CAR T and T-cell engager therapy, n (%)	22 (30)
Prior BCMA therapy, n (%)	55 (75)
Triple-class exposed*, n (%)	73 (100)
Penta-drug exposed†, n (%)	59 (81)

Enrollment was completed in September 2025

Cemsidomide + Dexamethasone Demonstrated a Well-tolerated Profile With Minimal Dose Reductions and Discontinuations

Hematologic and Infection TEAEs, n (%)	All Grades (N=73)	Grade 3 (N=73)	Grade 4 (N=73)	Grade 5 (N=73)
Neutropenia	45 (62)	16 (22)	26 (36)	0
Infections	46 (63)	21 (29)	1 (1)	1 (1)
Pneumonia	13 (18)	11 (15)	0	0
URTI	13 (18)	2 (3)	0	0
Septic Shock	1 (1)	0	0	1 (1)
Sepsis	2 (3)	2 (3)	0	0
PML*	1 (1)	0	1 (1)	0
Anemia	28 (38)	17 (23)	1 (1)	0
Leukopenia	22 (30)	10 (14)	8 (11)	0
Thrombocytopenia	14 (19)	5 (7)	3 (4)	0
Lymphopenia	12 (16)	7 (10)	1 (1)	0
Febrile Neutropenia	4 (6)	3 (4)	1 (1)	0

- *Grade 4 PML considered possibly related but occurred in the setting of pre-existing chronic lymphopenia and prior exposure to immunosuppressive therapies, including therapies that have been associated with PML. Patient had recurrent seizures in the setting of a brain lesion with a negative CSF for PML. After withdrawal of care due to recurrent seizures and ultimately death, autopsy report indicated a brain lesion consistent with PML diagnosis.
- 4 patients experienced grade 5 AEs (septic shock, subdural hematoma, T-Cell lymphoma and partial seizures), all deemed unrelated to cemsidomide

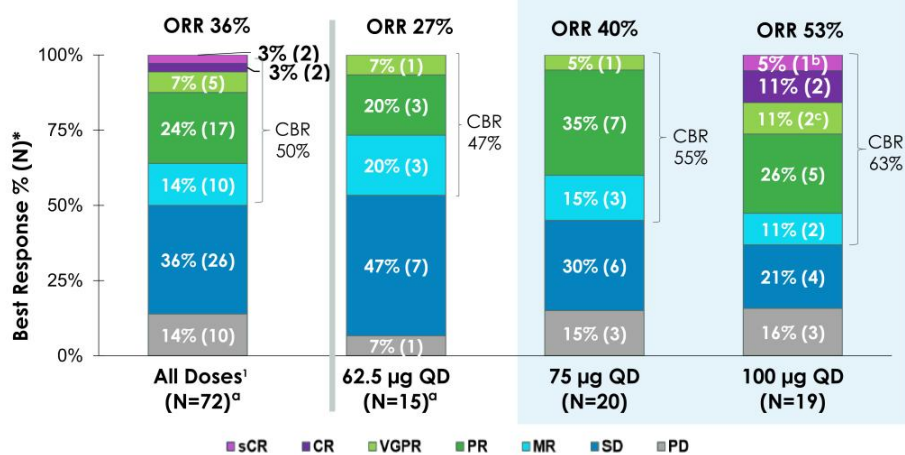
¹Dose Reductions: A patient in the 75 µg cohort had grade 4 thrombocytopenia possibly related to cemsidomide resulting in dose reduction; A patient in the 100 µg cohort had grade 3 pneumonia; Another patient at 100 µg had grade 3 neutropenia, both AEs possibly related to cemsidomide resulting in dose reduction; a patient in the 100 µg cohort had a dose reduction after an AE of arthralgia, deemed possibly related to cemsidomide; a patient in the 100 µg cohort had two dose reductions after two events of pseudomonas bacteremia, deemed unrelated to cemsidomide. *3 patients discontinued due to a grade 5 AE of septic shock, grade 5 AE of T-cell lymphoma, grade 5 AE of partial seizures, all deemed unrelated to cemsidomide.³ C4I data on file, presented at IMS September 2025.

Treatment emergent adverse events (TEAEs)

Cemsidomide Phase 1 data cutoff as of 2/27/2026; Source: C4I data on file. Poster presentation at EHA 2026 (<https://fr.c4therapeutics.com/static/files/0081021-bc0d-4e71-bdb9-9a01e95ed6eb>)



Cemsidomide + Dexamethasone Demonstrated Deep and Durable Responses Across the Highest Two Dose Levels



- At 100 µg: Two patients who achieved a sCR and CR also achieved MRD negativity
- mPFS across all doses: 3.9 months (95% CI, 3.2 – 5.6)
- mDOR across all doses: 7.9 months (95% CI, 3.0 - NE)
- ORR was consistent across key subgroups (prior CAR-T or T-cell engager therapy, prior BCMA, > 5 prior lines of therapy)

*Investigator assessed response; ¹In the Phase 1 cemsidomide + dexamethasone trial evaluated doses of 50 µg MWF, 37.5 µg MWF, 62.5 µg QD, 75 µg QD, 100µg QD; ^a1 patient in the 62.5 µg cohort did not have a post-baseline assessment; ^bAfter the 2/27/26 data cutoff one patient went from VGPR to sCR; ^cAfter the 2/27/26 data cutoff one patient went from PR to VGPR; Clinical benefit rate (CBR); Dexamethasone (dex); Minimal response (MR); Minimal residual disease (MRD); Objective response rate (ORR); Progressive disease (PD); Partial response (PR); Once daily (QD); Relapsed/refractory multiple myeloma (RRMM); Stringent complete response (sCR); Stable disease (SD); Very good partial response (VGPR); Confidence interval (CI)

Cemsidomide Has the Potential to Be a Foundational Treatment Across Multiple Lines of Multiple Myeloma

3 strategic paths to capture multi-billion dollar opportunities

 Late-line Opportunity Combination with dexamethasone	 Novel Combination Combination with BCMAxCD3 Bispecific	 IMiD® Replacement Across Lines Combination with a PI or CD38 antibody
RATIONALE - Only cereblon-modulating protein degrader of IKZF1/3 with a label-enabling development strategy for the 4L+ - Unmet need for an all-oral treatment regimen that is both well-tolerated and efficacious for patients who have exhausted all options - Near-term value STATUS ✓ Enrolling Phase 2 MOMENTUM Trial - cemsidomide + dexamethasone - Data from the Phase 1 trial of cemsidomide + dexamethasone demonstrated a potential best-in-class profile⁴	RATIONALE - For use in earlier lines - Goal is to establish cemsidomide as an IKZF1/3 degrader of choice for novel combinations - Complementary MOA via T-cell activation with potential to drive potent anti-myeloma effect STATUS ✓ Enrolling Phase 1b Trial - cemsidomide + dexamethasone + elranatamab² - Data from MagnetisMM-30 trial¹ demonstrated proof-of-concept for combination approach with opportunity to improve depth of response	RATIONALE - Opportunity to improve upon first-generation IKZF1/3 degraders - Establish dose of cemsidomide for potential standard of care combination approaches STATUS ○ Initiation of Phase 1b Trial w/ Two Arms Expected in 1H 2027 - cemsidomide + dexamethasone + daratumumab - cemsidomide + dexamethasone + carfilzomib - Data from SUCCESSOR-1 trial³ has potential to further validate next-generation IKZF1/3 degraders



GOAL: Develop a potential best-in-class IKZF1/3 degrader to become partner of choice for MM treatment

¹Clinical trial evaluating elranatamab in combination with iberdomide in RRMM; ²Pfizer supplying elranatamab (ELREXFO®), a 8-cell maturation antigen CD3 targeted bispecific antibody, to C4I for the Phase 1b trial. ³SUCCESSOR-1 is a Phase 3 trial evaluating mezigdomide, bortezomib, dexamethasone versus pomalidomide, bortezomib, dexamethasone

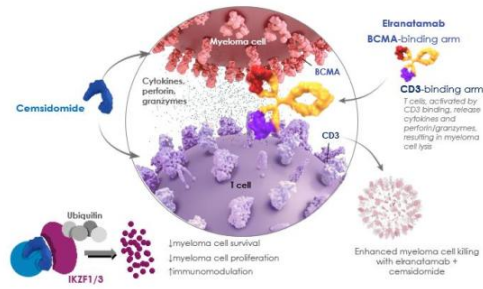
⁴Cemsidomide Phase 1 data cutoff as of 2/27/2026. Source: C4I data on file. Poster presentation at EHA 2026 (<https://eic4therapeutics.com/static-files/0081f021-bc0d-4e7f-bdb9-9a01e95ed6eb>)

Preliminary Phase 1b Biomarker Data is Supportive of Cemsidomide's Mechanistic Rationale for Combining with Immune-Based Therapies

COMPLEMENTARY MECHANISMS OF ACTION

Potential to Provide Additional Benefit to Patients

- **Eltanotamab** is a BCMAxCD3 Bispecific approved as a monotherapy for patients with RRMM who have received ≥ 1 IMiD, ≥ 1 PI and ≥ 1 anti-CD38 mAb^{1,2}
- **Cemsidomide** is an oral cereblon-modulating protein degrader of IKZF1/3, advancing through clinical development



BIOMARKER DATA FROM THE FIRST TWO PATIENTS IN THE ONGOING PHASE 1B TRIAL³

Cemsidomide in Combination with Eltanotamab⁵:

Activation and expansion of CD8⁺ effector memory T cells
Increased HLA-DR expression with Granzyme-B

Observed T-cell activation despite the two patients harboring different immunophenotypes at baseline

Prevented T-cell exhaustion

Measured PD-1, TIM-3 or LAG3 exhaustion markers did not increase when cemsidomide was added

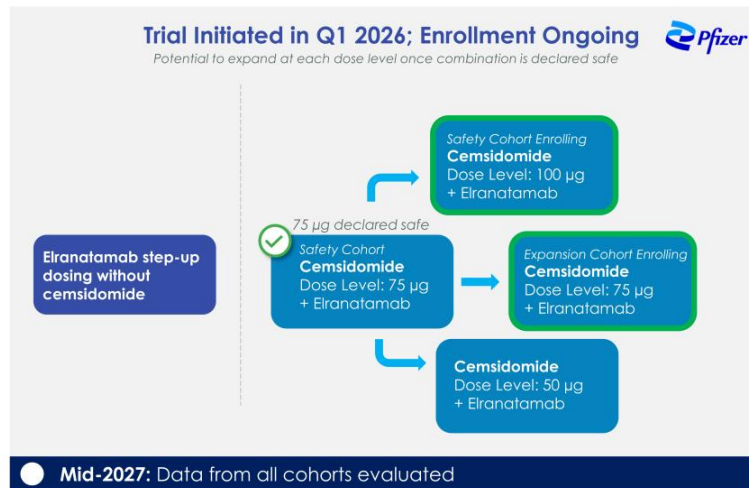
Builds upon broader immunomodulatory data

In the Phase 1 trial, cemsidomide demonstrated robust T-cell activation as a monotherapy and in combination with dexamethasone⁴

Totally of the data support cemsidomide as a potential combination partner for immune-based therapies

¹Eltanotamab (eltanotamab-bcmm) Prescribing information, Pfizer Inc. 2025; ²Eltanotamab (eltanotamab-bcmm), Summary of product characteristics, Pfizer Europe MA EEBG; 2024; ³CAT data on file as presented at IMS September 2024 based on available biomarker data, as of June 22, 2024, from the first two patients to complete cycle 1: <https://c4therapeutics.com/science/scientific-presentations-publications/>; ⁴CAT data on file: <https://ir.c4therapeutics.com/static-files/39670caf-0806-41b6-8813-ef7adcd04207>; ⁵Pfizer supplying eltanotamab (ELREXFO®), a B-cell maturation antigen CD3 targeted bispecific antibody, to C4T for the Phase 1b trial. B-cell maturation antigen (BCMA); immunomodulatory drug (IMiD); Monoclonal antibody (mAb); Proteasome inhibitor (PI); Relapsed or refractory multiple myeloma (RRMM); Cereblon (CRBN)

First Cemsidomide Dose Level (75 µg) in Phase 1b Trial with Elranatamab Declared Safe; Advancing Trial to Dose Expansion and Escalation Cohorts



PHASE 1b TRIAL DESIGN:



Primary Objectives:

Characterize the safety and tolerability of cemsidomide in combination with elranatamab¹



Dosing Regimen:

- Cemsidomide: QD 14/14
- Dexamethasone: QW through cycle 4
- Elranatamab¹



Key Differentiators:

- Evaluated with dex, which may help manage neutropenic complications
- Focused on evaluating MRD negativity rates to demonstrate depth of response

Phase 2 MOMENTUM Trial of Cemsidomide + Dexamethasone in 4L+ MM Continues to Progress

Enrollment Expected to Complete in Q1 2027

Phase 2 MOMENTUM

Cemsidomide + dex (single arm) 4L+

N = ~100

Dose: 100 µg QD

Potential for accelerated approval

● 2H 2027: Phase 2 initial ORR data

PHASE 2 MOMENTUM TRIAL DESIGN:



Endpoints:

ORR per IMWG response criteria assessed by independent review committee



RP2D: 100 µg



Schedule: QD 14/14

Discovery

Inflammation, Neuroinflammation & Neurodegeneration (INN)



New Discovery Strategy Focused on Inflammation, Neuroinflammation & Neurodegeneration (INN) with First-in-Class Potential in Clinically Validated Pathways Uniquely Suited for TPD

Leveraging C4T's success

C4T HAS CONSISTENTLY DEVELOPED ORALLY BIOAVAILABLE HIGHLY CATALYTIC HETEROBIVALENT DEGRADERS THAT...

- Penetrate the blood brain barrier to achieve high central nervous system exposures and **compelling efficacy** in central nervous system models
- Control target protein levels through **finely-tuned degrader kinetics**

Maximizing value through target selection

TARGET-TO-DISEASE LINK:

- Selecting targets that modulate **clinically validated pathways** in inflammation, neuroinflammation and neurodegeneration (**INN**) to enhance efficacy
- **Focusing on early clinical validation** with opportunity to **grow value** through indication expansion

STRONG DEGRADER RATIONALE:

- **Strong competitive positioning**
- **Clear and compelling advantage** for a degrader **over an inhibitor**

EXPANDED CAPABILITIES:

- **Extended capabilities** to identify molecular glue degraders for targets with and without G- and RT-loops by **utilizing DNA-encoded library (DEL) technology**

Deliver degraders with first-in-class potential that are CNS penetrant

Focused on Inflammation, Neuroinflammation & Neurodegeneration (INN)
to Address High Unmet Needs in a Large Patient Population with a Clear TPD
Advantage



Degraders have the potential to **outperform inhibitors** in **efficacy** and **safety** in CNS diseases¹



Fast path to clinical proof-of-concept, including **early validation** based on PD markers in healthy volunteers



Normalize elevated protein levels without the need for complete elimination of the target



Large market opportunities with high **unmet medical needs**

Deploying TPD where the MOA is uniquely positioned to have an advantage over inhibitors to help benefit patients in a large market

Potential for Degraders To Be the Optimal Therapeutic Modality for CNS Diseases Over Inhibitors

Lower exposure levels for highly catalytic degraders are required for efficacy versus inhibitors to achieve efficacious results in CNS diseases

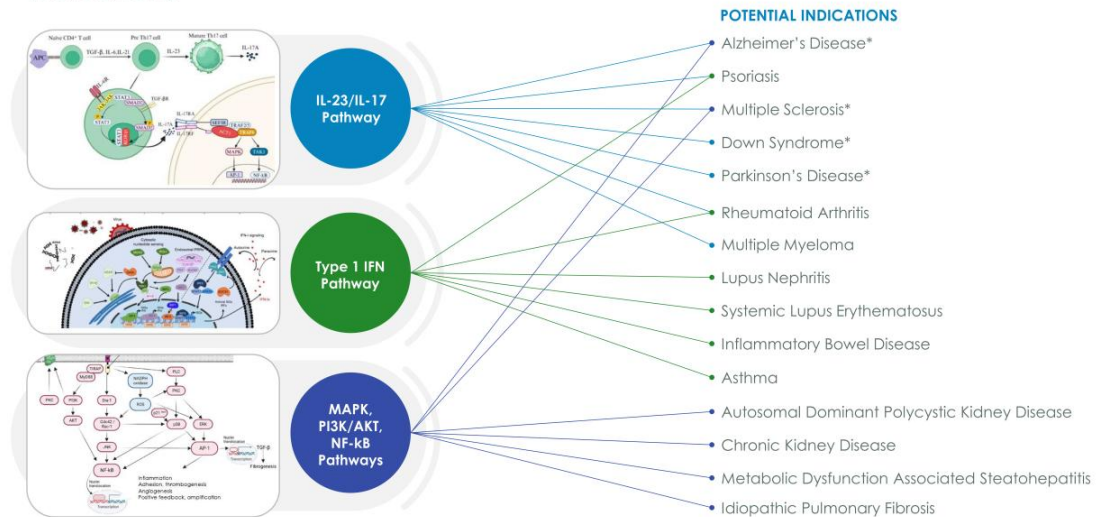
Pharmacokinetics of inhibitors is associated with high C_{max} driving toxicities vs. **degraders have consistent and sustained levels resulting in lower toxicity issues**

Theoretical Inhibitor and Degradation Brain PK Curves for Molecules With Similar Efficacy*
(Illustrative graphic)

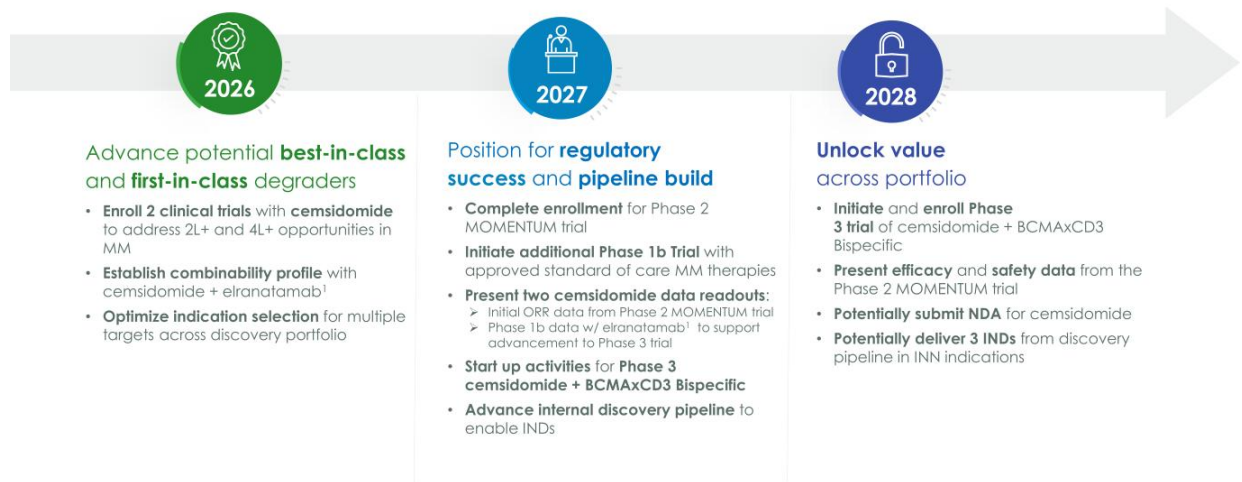
*For target proteins with a long resynthesis rate



Pursuing Targets in Validated Pathways With Application to a Broad Set of Indications



C4T is Focused on Advancing Potential Best-in-Class And First-in-Class Degraders Across Clinical Oncology Portfolio and INN Discovery Strategy



¹ Pfizer supplying elranatamab (ELREXFIO®), a B-cell maturation antigen CD3 targeted bispecific antibody, to C4T for the Phase 1b trial

Dexamethasone (dex); Investigational new drug (IND); New Drug Application (NDA); Overall response rate (ORR); Inflammation, Neuroinflammation, Neurodegeneration (INN); Accelerated approval (AA); Multiple myeloma (MM); Degradable antibody conjugates (DACS)

