FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* GROGAN DONNA ROY					2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [CCCC]							(Ch	Relationshi eck all app	'''		(s) to I		
(Last)	`	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023							Office	Officer (give title below)		Other (sp below)			
C/O C4 THERAPEUTICS, INC. 490 ARSENAL WAY #120					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	Street) WATERTOWN MA 02472												Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)				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.													
		Table	I - No	n-Deriva	tive S	ecur	ities Acc	quired,	Dis	posed of	f, or	Ber	neficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A) o Of (D) (Instr. 3, 4			Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) or (D) Pri		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock 07/03/20						023		A ⁽¹⁾		4,858		A	\$2.83	(2) 1	1,738	D		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	if any	eemed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	s I		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		of C	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)	Date Exercisa	able	Expiration Date	Title	or Nu of	nount mber ares					

Explanation of Responses:

- 1. These shares were issued in accordance with the Issuer's Non-Employee Director Compensation Policy, pursuant to which the Reporting Person elected to receive shares of the Issuer's common stock in lieu of cash compensation for services as a non-employee director of the Issuer.
- 2. The price reported in Column 4 is based upon the closing market price of the Issuer's common stock on July 3, 2023.

Remarks:

/s/ Jolie M. Siegel, Attorneyin-Fact 07/05/2023

** 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).

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.