

Forward-looking Statements and Intellectual Property

Forward-looking Statements

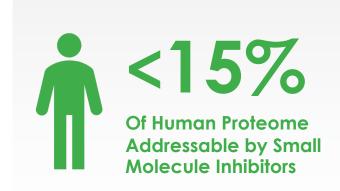
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Targeted Protein Degradation Has the Potential to Transform Treatment of Disease



Substantial opportunity to develop treatments for targets previously considered undruggable



Adapted from Wagle et al, J Clin Oncol, 2011

Cancers become resistant to standard therapies and treatment options are then limited



Oncology small molecule therapies generate significant revenue despite known limitations

Targeted Protein Degradation Has Potential to Drug the Remaining ~85% of the Human Proteome and Overcome Resistance to Existing Inhibitor Medicines

Sources: Hopkins, A., Groom, C. The druggable genome. Nat Rev Drug Discov 1, 727–730 (2002). https://doi.org/10.1038/nrd892; "A view on drug resistance in cancer" Nature | Vol 575 | 14 November 2019; Fact.MR: https://www.factmr.com/report/3747/oncology-small-molecule-drugs-market



C4T is Well Positioned to Develop Targeted Protein Degradation Medicines to Transform Patient Care

TORPEDO
platform has
potential to
efficiently design
highly potent
degrader
medicines

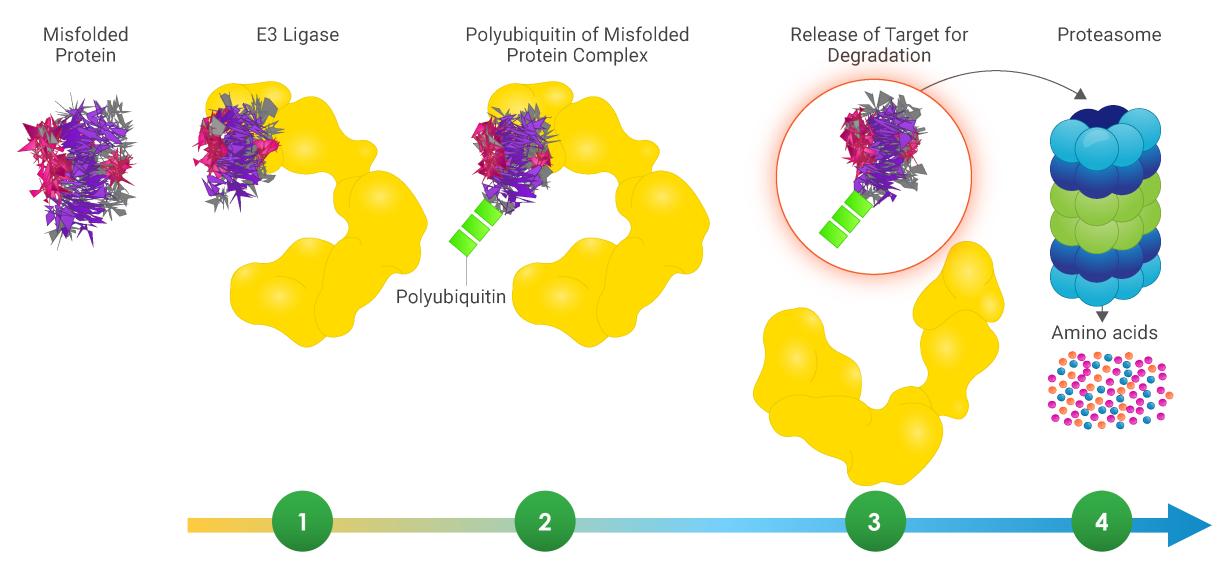
14 additional programs in earlier pre-clinical development Strong balance sheet with runway to end of 2023*

4 programs expected in the clinic by end of 2022 3 partnerships expand platform potential; up to \$2B in potential milestones

*12/31/20 unaudited cash balance of approximately \$370M



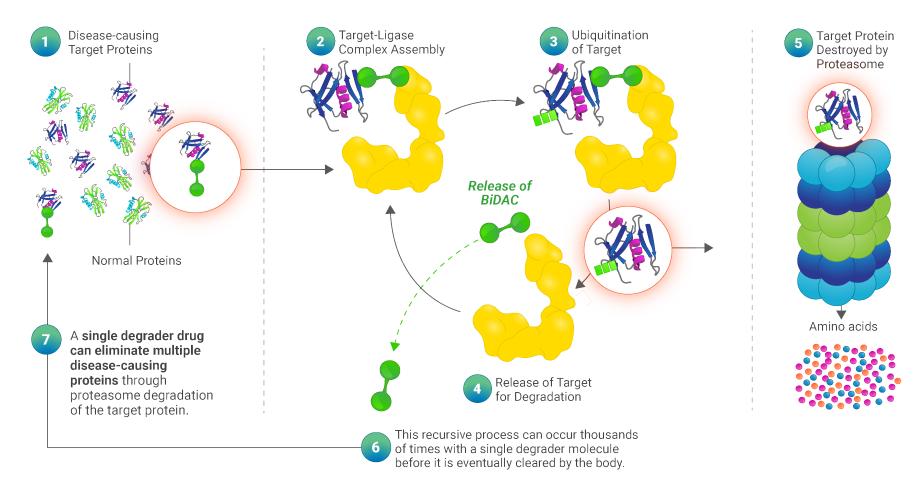
The Human Body Has A Natural Process to Destroy Unwanted Proteins





Targeted Protein Degradation Leverages the Body's Natural Process to Destroy Disease-Causing Proteins

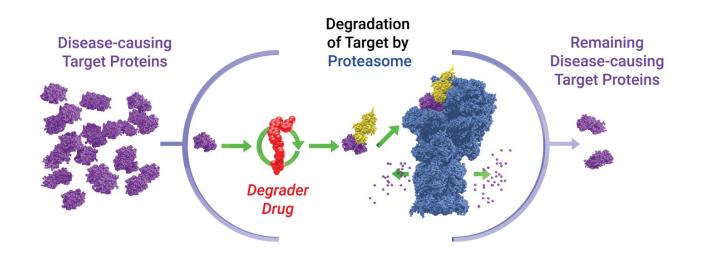
Focus on Overall Catalytic Degradation

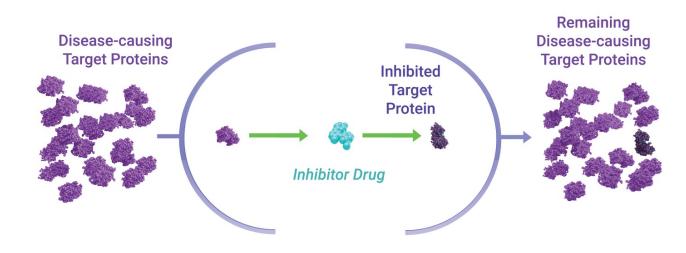




Targeted Protein Degradation Offers Fundamental Advantages Over Protein Inhibition

- 1 Improved Potency
- 2 Fast Response
- 3 High Selectivity
- Expansive Target Landscape







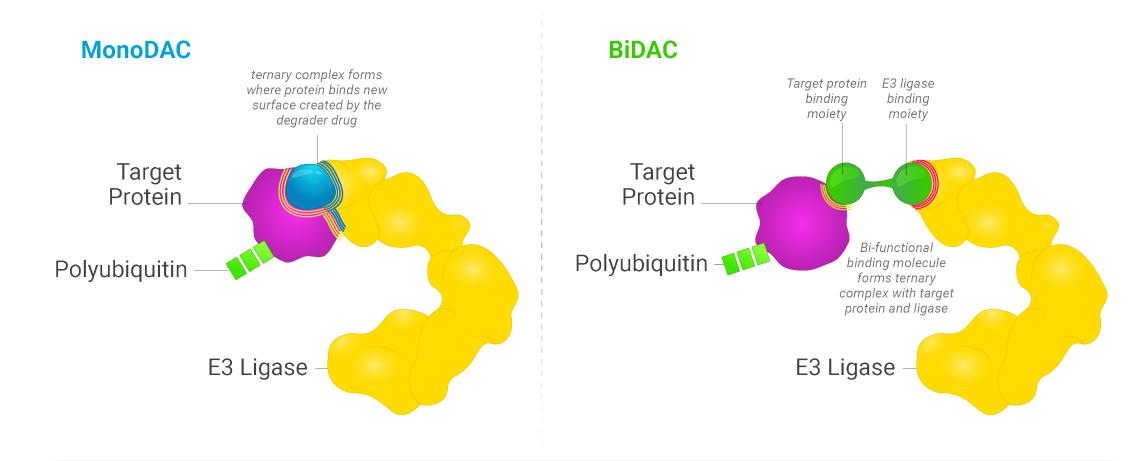
TORPEDO (<u>Target ORiented ProtEin Degrader Optimizer</u>) Platform

Our TORPEDO Platform Has Potential to Efficiently Design Highly Potent Targeted Protein Degrader Medicines

Elements	Benefits	
Ability to Develop both MonoDACs & BiDACS	Flexibility to address different targets with tailored approach	
Focus on Catalytic Efficiency	Optimization of overall degradation process results in maximal efficacy	
Ability to Design, Analyze & Predict Degrader Performance	Rapid delivery of potent drug candidates through informed and efficient drug discovery	
Investment in Cereblon as E3 Ligase	Cereblon is expressed in all tissues and cellular compartments, thereby providing the largest target selection opportunity	



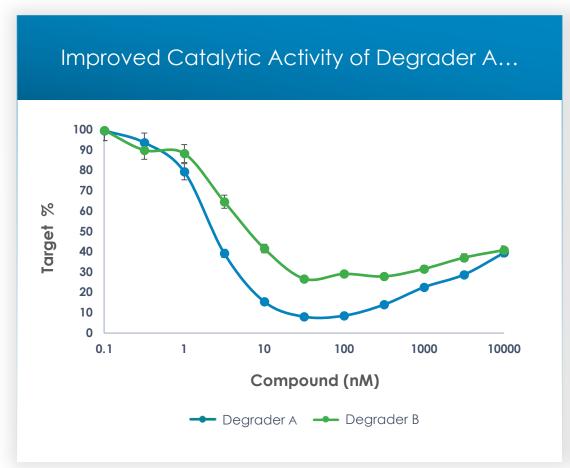
TORPEDO Platform Offers Flexibility to Design MonoDACs and BiDACs

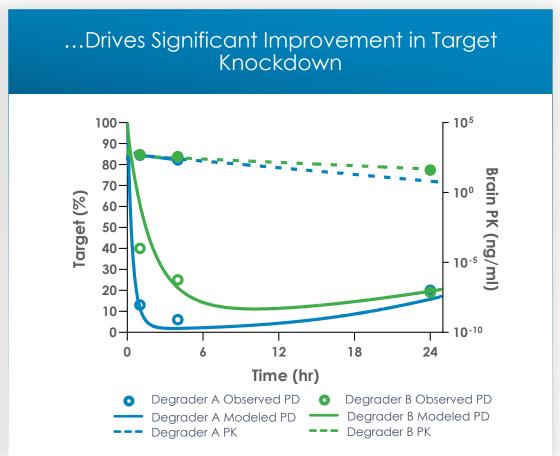


Flexibility to Address Different Targets with Tailored Approach



Enhanced Catalytic Activity Drives Efficacy





Source: C4T data on file



TORPEDO Platform: Robust Drug Discovery Process Enabling Higher Confidence in *In Vivo* Efficacy



Design

Computational method incorporates experimental data to identify top models

Atomic-level degrader design utilized to improve selectivity and potency



Analyze

Cellular degradation data fitted using an enzymology framework

Key parameters describe intrinsic degradation activity



Predict

Universal modeling framework merges degradation activity with degrader exposure

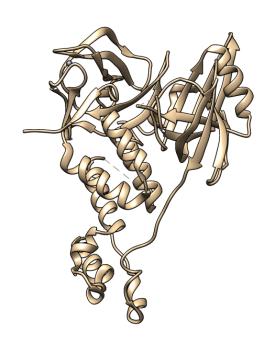
Robust predictions of depth and duration of *in vivo* target degradation at any dose

Rapid Delivery of Potent Drug Candidates Through Informed and Efficient Drug Discovery



TORPEDO is Based on a Deep Focus on Cereblon, Providing the Largest Target Selection Opportunity

Cereblon E3 Ligase





Cereblon, harnessed by IMiDs, is the only clinically validated ligase for targeted protein degradation



Cereblon is expressed in all tissues and in all cellular compartments



Investment in rich toolkit of intellectual property with 14 structurally distinct Cereblon binders



C4T's binders enable drug discovery with enhanced oral bioavailability, solubility, permeability & stability

Programs Benefit from Desirable Properties of C4T's Cereblon Binders

TORPEDO Platform Has Delivered a Robust Degrader Pipeline; Four Clinical Programs Expected by End of 2022

Target	Indication(s)	Discovery	Preclinical	Clinical	Ownership
IKZF1/3 (CFT7455)	Multiple Myeloma & Lymphoma				C4Therapeutics
BRD9 (CFT8634)	Synovial Sarcoma & SMARCB1 Deleted Tumors				C4 Therapeutics
BRAF V600E	Drug-Resistant BRAF mutant Melanoma & NSCLC				C4 Therapeutics Roche
RET	Drug-Resistant RET-Altered Tumors				C4 Therapeutics
EGFR	Drug-Resistant EGFR+ NSCLC				C4Therapeutics
Transcriptional Control	Control Undisclosed Solid Tumors			C4Therapeutics	
Cancer Signaling	Undisclosed Cancers				C4 Therapeutics
Transcriptional Control	Undisclosed Liquid Tumors				C4Therapeutics
Cancer Signaling	Undisclosed Solid Tumors	-			C4 Therapeutics

9 Additional Undisclosed Collaborator Programs in Discovery



Three Strategic Target Platform Collaborations Expand Platform Potential





Signed March 2016 and continues until completion of 6 programs

Focus is on oncology treatments targeting a specified set of proteins

Calico

5-year term beginning March 2017

Focus is on treating diseases of aging, including cancer



4.5-year term beginning January 2019

Focus is on neurological conditions with up to 5 targets total



IKZF1/3 CFT7455

IKZF1/3: Maximal Catalytic Activity Leads to Improved Efficacy

Strong Rationale for Degrader Approach

- Multiple myeloma (MM) and Non-Hodgkin's lymphomas (NHLs) are dependent on IKZF1/3
- Existing IKZF1/3 degraders have limited potency

Clear Unmet Need

- Patients progress on approved IMiD therapies
- Approved IMiDs have limited activity in NHLs

Defined Patient Populations

- MM: ~32K cases/year; median 5-year overall survival (OS): 52%
- NHL: ~77K cases/year
- PTCL: ~4% of all NHLs; median 5-year OS: 20-32%
- MCL: ~7% of all NHLs; median OS: 4-5 years

Compelling Development Opportunity

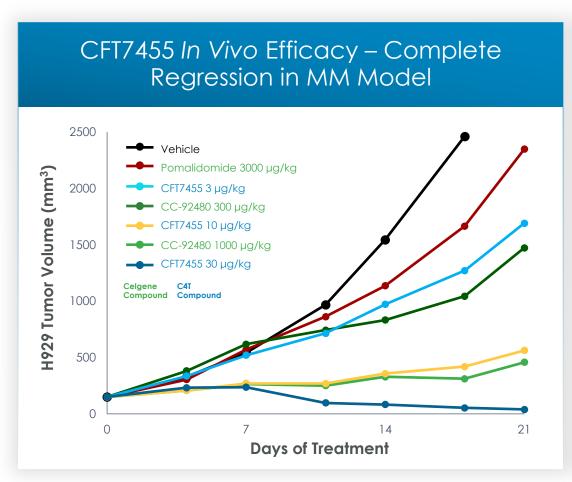
- Potential for accelerated approval in select indications
- Opportunity to expand into earlier lines of MM therapy

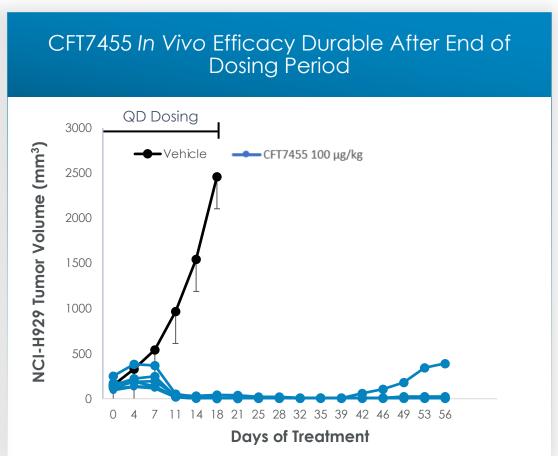
Source: NIH SEER Database, Primary Literature Consensus





CFT7455 Demonstrates Improved Efficacy Compared to Both Approved and Most Advanced Development-stage IKZF1/3 Degraders

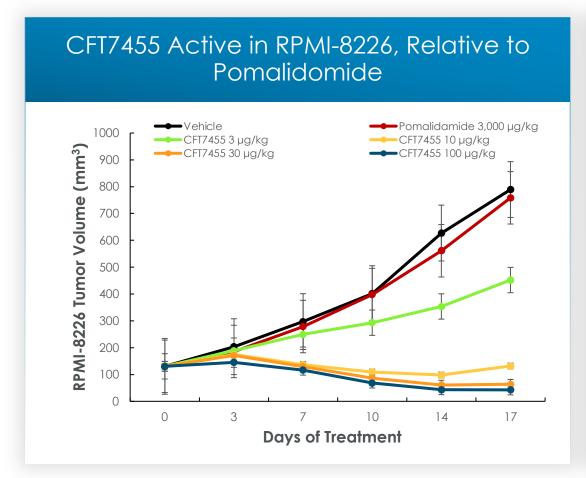




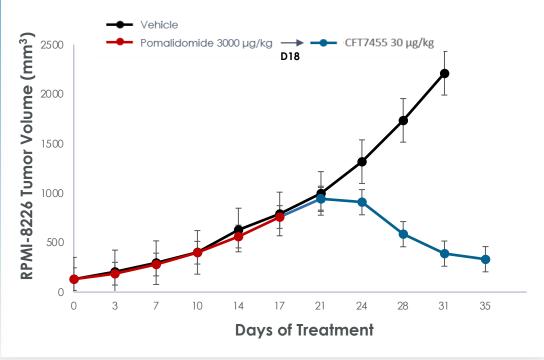
Source: C4T data on file



CFT7455 Demonstrates Tumor Regression in Multiple Myeloma Xenograft Insensitive to Pomalidomide



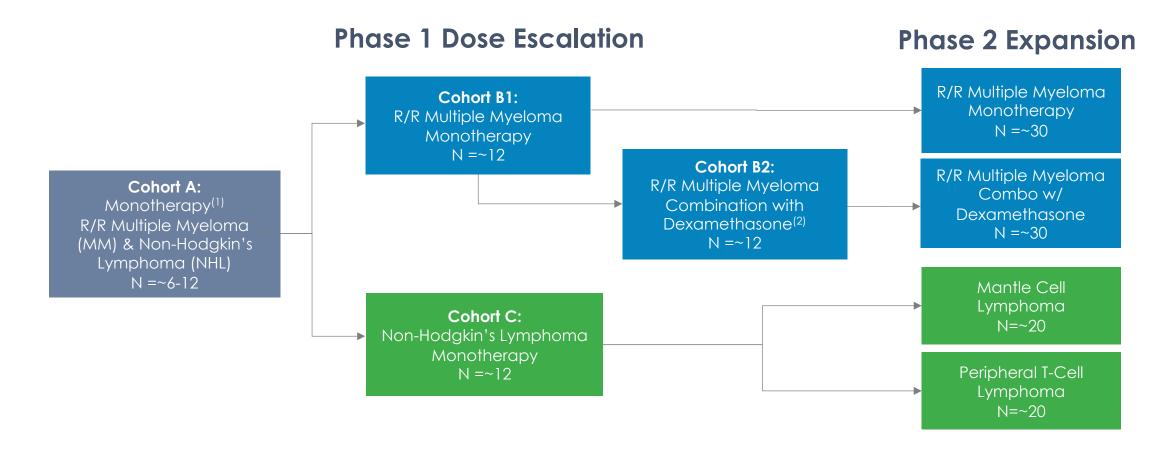
CFT7455 Active in RPMI-8226 After Tumor Progression on Pomalidomide Treatment --- Vehicle



Source: C4T data on file



CFT7455 Phase 1/2 Trial Design Offers Potential for Accelerated Approval Across Three Indications



IND Clearance Achieved; Trial Expected to Initiate in 1H 2021

(1) 28-day cycle / dose limiting toxicity (DLT) window; (2) Combination therapy cohorts will open once each CFT7455 dose level has been cleared for safety



BRD9 CFT8634

BRD9: Drugging the Undruggable with a Degrader Approach

Strong Rationale for Degrader Approach

- Synovial sarcoma (SS)
 is dependent on
 BRD9, which is
 caused by the
 oncogenic SS18-SSX
 translocation
- Oncogenicity of BRD9 depends on sub-domains not addressed by traditional inhibitors

Clear Unmet Need

 Very limited benefit of treatments for metastatic or advanced SS – median survival ~18 months

Defined Patient Populations

- SS: ~900 cases/year
- ~10% of all soft tissue sarcomas

Compelling Development Opportunity

- Well defined path to registration in SS and metastatic population already under management at academic centers
- Precedent for approval with a single-arm study in second-line setting

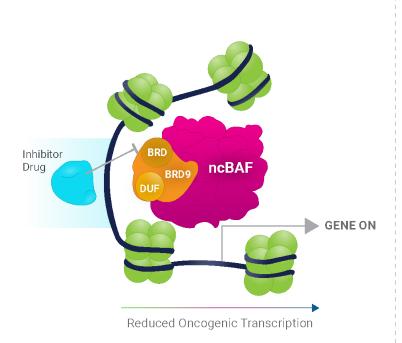
Source: NIH SEER Database, Primary Literature Consensus

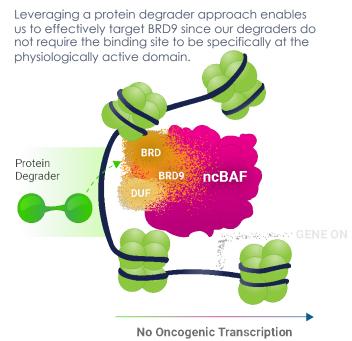




BRD9 Dependency in Synovial Sarcoma

Mechanistic Rationale

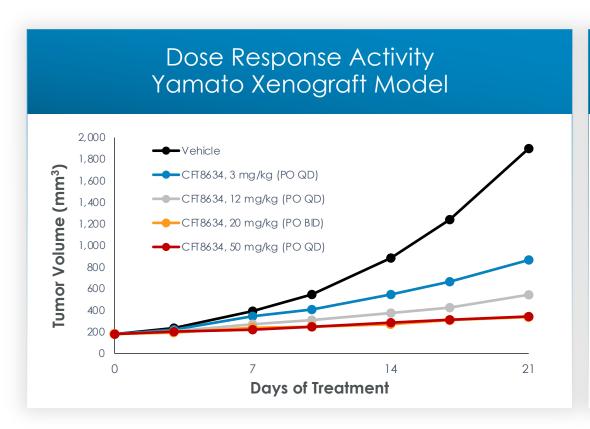


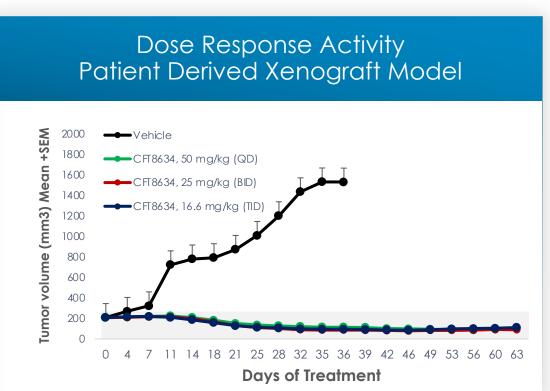


Advantages of BRD9 degradation

- Specifically degrades BRD9 and spares BRD4 and BRD7, avoiding potential off-target toxicities
- Oncogenicity of BRD9
 depends on sub-domains not
 addressed by traditional
 inhibitors

Robust Responses of CFT8634 Seen in Preclinical Synovial Sarcoma Models





IND Submission for CFT8634 Expected in 2H 2021

Source: C4T data on file





BRAF: Utilizing a Degrader Approach to Overcome Resistance Mutations

Strong Rationale for Degrader Approach

- Approved BRAF inhibitors cause paradoxical RAF activation, which may result in diminished efficacy
- Potential for degraders to effect deeper elimination of mutant BRAF signaling and create more durable response

Clear Unmet Need

- BRAF mutations occur in ~15% of all cancers
- ~70% 90% of BRAF mutations are V600E
- Resistance to three approved BRAF inhibitors emerges through multiple paths, resulting in a median PFS of <15 months

Defined Patient Populations

- >70K annual incidence across melanoma, NSCLC, colorectal cancer (CRC) and other malignancies
- 50% of late-stage melanoma
- 1-2% of NSCLC
- 10-20% of CRC
- 50% of papillary thyroid cancer
- 100% of hairy cell leukemia
- >50% of Langerhans cell histiocytosis (LCH)

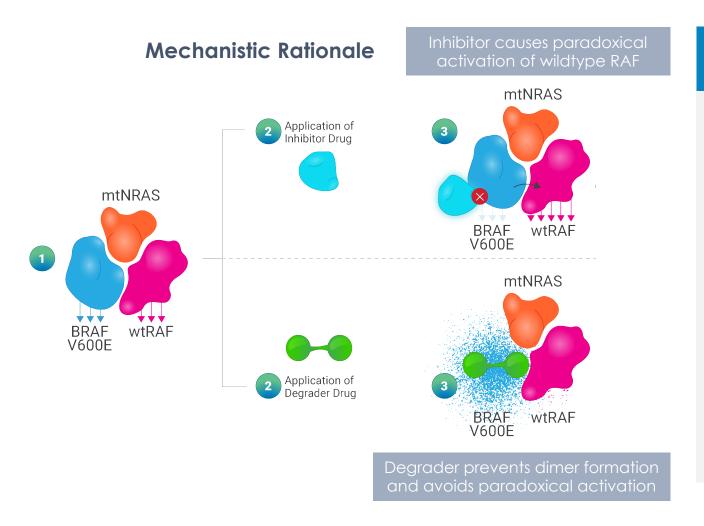
Compelling Development Opportunity

- Large patient population defined by failure of available BRAF inhibitors
- Target Population:
 V600E melanoma
 and/or NSCLC after
 failure of MEK inhibitor
 + BRAF inhibitor with
 indication specific
 expansion
 opportunities

Source: NIH SEER Database, Primary Literature Consensus



BRAF Degrader to Overcome Limitations of Approved BRAF Inhibitors

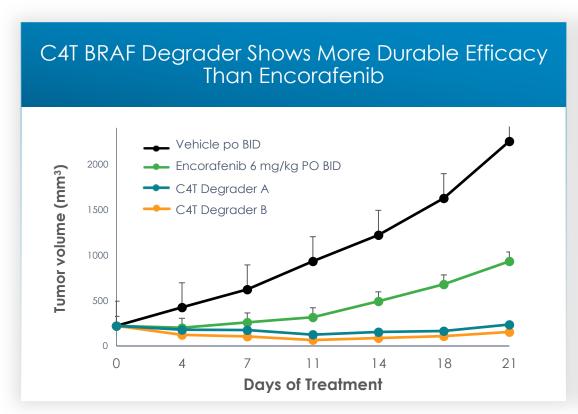


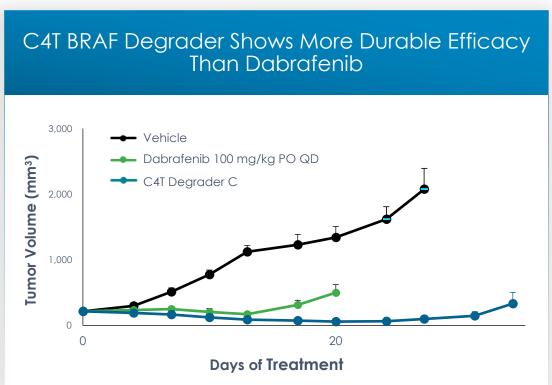
Advantages of BRAF V600E Degradation

- Specifically target mutant BRAF over wildtype BRAF
- Prevent mutant BRAF incorporation into RAF dimers
- Avoid paradoxical activation and associated failure of therapy due to resistance mechanisms dependent on BRAF inhibitor mediated paradoxical activation



BRAF Degraders Show Superior Efficacy Compared to Approved BRAF Inhibitors





IND Enabling Studies Planned for 2021

Source: C4T data on file





RET Degradation: Opportunity to Overcome Resistance Mutations

Strong Rationale for Degrader Approach

- RET is a receptor tyrosine kinase (RTK) that plays a role in normal development but can cause cancer when mutated
- Resistance develops to approved RET inhibitors due to mechanisms including new RET mutations, which make inhibitors inactive

Clear Unmet Need

 No effective targeted therapy after failure of approved first-line RET inhibitors

Defined Patient Populations

- ~10K annual incidence of RET-driven disease across lung, thyroid, and other cancers
- 1-2% of NSCLC
- 60% of sporadic medullary thyroid cancer

Compelling Development Opportunity

- Well defined registration path in existing, genetically defined patient population with no effective treatment option after RET tyrosine kinase inhibition (TKI)
- Target Population: second line RETaltered cancers; potential for front-line opportunity

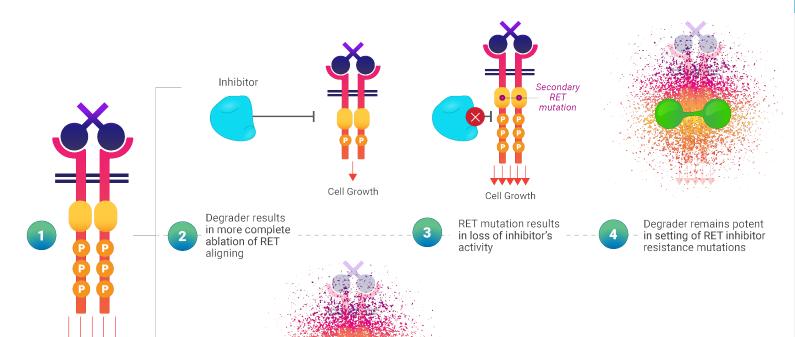
Sources: NIH SEER Database, https://pubmed.ncbi.nlm.nih.gov/29284153/, Primary Literature Consensus

Patient figures represent estimated U.S. annual incidence



RET Degradation May Have Improved Activity Compared to Best-In-Class RET Inhibitors

Mechanistic Rationale



Advantages of RET Degradation

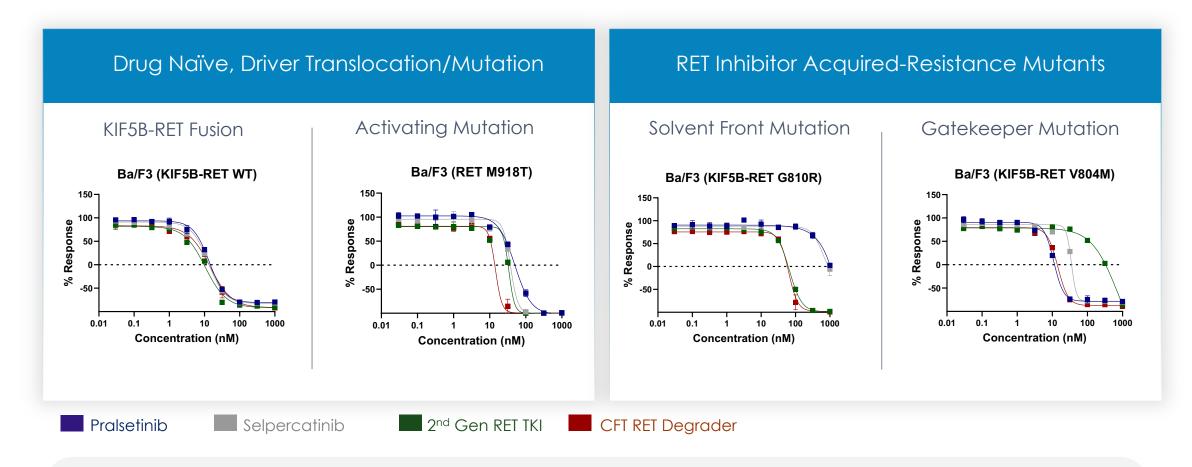
- RET degrader is active against key secondary mutations that cause resistance, including both the gatekeeper and solvent front mutations
- Against RET without secondary mutation, as in the front-line setting, degradation may offer deeper and more durable response than inhibition



Degrader

Cell Growth

RET Degrader Has an Excellent Cell Growth Inhibition Profile In RET Fusions and Common Resistance Mutations



IND Enabling Studies Planned for 2021



Lead Programs Offer Compelling Opportunities to Address Unmet Need in Multiple Patient Populations

IKZF1/3 CFT7455

NON-**HODGKIN's** LYMPHOMA

77K cases/year

32K cases/year

MULTIPLE MYELOMA

5-year survival

52%

BRD9 CFT8634

> **SYNOVIAL SARCOMA**

cases/year

MEDIAN PFS OF 1L CHEMOTHERAPY

6.3

months

BRAF BIDAC

>70K

cases/year

MELANOMA, NSCLC. **CRC AND OTHER MALIGNANCIES**

PFS across approved **BRAF** inhibitors

<15

months

RET BIDAC

1-2% of NSCLC

median **PFS**

~16.5

months (selpercatinib)

60%

of sporadic medullary thyroid cancer

Sources: National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Database

MM survival: https://seer.cancer.gov/archive/csr/1975_2015/browse_csr.php?section\$EL=18&page\$EL=sect_18_table.08.html#table2. \$\$ PFS: M. Vlenterie et al. European Journal of Cancer 58 (2016) 62e72; BRAF PFS: Cell Press Review, Trends in Cancer, September 2020, Vol. 6, No. 9; RET PFS: NJEM 383;9 nejm.org 8/27/20



2021 Milestones Support Progress Toward Goal of Four Clinical-Stage Programs by Year-End 2022

2021		2022		
IKZF1/3 (CFT7455)	☐ Phase 1/2 Initiation	Phase 1 Top-line Safety & EfficacyProof of Mechanism		
BRD9 (CFT8634)	□ IND Submission	☐ Phase 1 Initiation		
BRAF	□ IND Enabling Studies	☐ Phase 1 Initiation		
RET	□ IND Enabling Studies	☐ Phase 1 Initiation		



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platform has
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Thank You

