FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
wasinington,	D.C.	20343	

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNE	RSHIP

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* Fisher Stewart						2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [CCCC]									eck all applic	ationship of Reporting k all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	ner
(Last) (First) (Middle) C/O C4 THERAPEUTICS, INC. 490 ARSENAL WAY #200						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2021								-	below)	hief Scier	ntific	below)	peony
(Street) WATER	FOWN M	IA	02472		4. If							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(3	-	(Zip) ole I - Nor	n-Deriv	ative	- Se	curit	ies Ac	nuired	Disi	nosed o	of or	Rene	ficiall	v Owned				
1. Title of Security (Instr. 3) 2. Tran				2. Trans	action	action 2A. De Execu Day/Year) if any			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							,		Code	v	Amount	Amount (A) or (D)		Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common	Stock			12/0	3/202	/2021			М		2,373	2,373 A		\$2.11	1 25	25,117		D	
Common Stock			12/0	8/2021				М		17,78	17,786		\$3.7	1 42	42,903		D		
Common Stock			12/0	3/202	3/2021		М		403 A		\$4.98	3 43	43,306		D				
		-	Table II -						uired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	ransaction code (Instr.)		of E		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	OI N Of	umber					
Stock Option (Right to Buy)	\$2.11	12/08/2021			М			2,373	(1)	0	7/12/2026	Comm		2,373	\$0.00	0		D	
Stock Option (Right to Buy)	\$3.71	12/08/2021			М			17,786	(2)	0	4/23/2028	Comn		7,786	\$0.00	37,728	3	D	
Stock Option	\$4.98	12/08/2021			M			403	(3)	0	7/02/2030	Comn	non	403	\$0.00	203,99	4	D	

Explanation of Responses:

- 1. This option is fully vested and exercisable as of the date hereof.
- $2.\,20\% \ of \ this \ option \ vested \ and \ became \ exercisable \ on \ May \ 1, 2019, \ with \ the \ remainder \ vesting \ in \ 16 \ equal \ quarterly \ installments \ thereafter.$
- 3. This option shall vest and become exercisable in 20 equal quarterly installments, with the first installment vesting on September 5, 2020.

Remarks:

Buy)

/s/ Jolie M. Siegel, Attorney-in-

12/10/2021

Fact

** 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.