FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN B	ENEFIC	CIAL	OWNER	SHIP
	O.	CHANCE		, C 1 4 C 1 1 C		CITIE	

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or S	Sectio	on 30(h) of the	Ínvestmer	nt Cor	npany Act	of 1940								
Name and Address of Reporting Person* Crystal Adam				2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [CCCC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Ciystai 1	<u>ruaiii</u>						_		_		_			Directo			10% Ov			
() () () () () () () () () ()				3 Da	2. Date of Farliant Transaction (Manth/Day/Mant)								X Officer (give title Other (specify below)							
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2023								Chief Medical Officer						
C/O C4 THERAPEUTICS, INC.																				
490 ARSENAL WAY #120				4 15	A If Assessment Parks of October File of (March) (P. 27)									C. Individual on Inint/Conv. Filips (Charle Anni Latte						
(Ctt)					4. 11 /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable _ine)						
(Street)	NWN M/	0	2472											X Form filed by One Reporting Person						
WATERTOWN MA 02472															Form filed by More than One Reporting Person					
(City)	(Sta	te) (Z	ip)																	
		Table	e I - Nor	ı-Deriv	ative	Sec	curitie	es Acc	quired,	Dis	posed o	f, or Be	neficia	ly Owned	l					
1. Title of Se	curity (Instr	3)		2. Trans	action		A. Deer		3.			ies Acquir		5. Amou				7. Nature of		
				Date (Month/	Day/Year) if a		Execution Date, if any		Code (Instr. 5)		I Of (D) (Instr. 3, 4 an		Benefici	ally	Form: Direct (D) or Indirect		Indirect Beneficial			
							(Month/Day/Year)		·) 8)							(I) (In) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	Transac (Instr. 3						
Common Stock				01/30	0/2023		M		3,750	A	(1)	21	,398		D					
Common Stock			01/30	0/2023				F ⁽²⁾		1,301 D \$		\$7.7	8 20	,097		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. Transacti Date (Month/Day.			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
									Amount											
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Number of Shares							
Performance Restricted Stock Units	(1)	01/30/2023			М			3,750	(1)		02/28/2025	Common Stock	3,750	\$0	18,75	0	D			

Explanation of Responses:

- 1. Each performance restricted stock unit ("PRSU") represents the contingent right to receive one share of the Issuer's Common Stock upon vesting and settlement. 4,500 PRSUs shall vest upon satisfaction of three escalating share price vesting milestones, and the remaining PRSUs vest upon satisfaction of certain discovery and clinical milestones.
- 2. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting and settlement of PRSUs and does not represent a sale by the Reporting Person.

Remarks:

/s/ Jolie M. Siegel, Attorney-in-02/01/2023

Fact

** Signature of Reporting Person

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.