FORM 4

UNITED STATES S

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ECURITIES AND EXCHANGE COMMI	SSION
------------------------------	-------

OIVID AFFRO	JVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

OMB ADDDOMAI

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	the affirmati s of Rule 10 n 10.																						
Name and Address of Reporting Person* Hirsch Andrew						2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [CCCC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
																			10% Ov				
(Last) (First) (Middle)									est Transa	action (Mo	onth/E	Day/Year)						below)	specify				
C/O C4 THERAPEUTICS, INC.							11/07/2024									FIESIGEIR & CEO							
490 ARSENAL WAY #120																O bullish at a desired on a Fillia (Obast A. III.)							
(Street)						4. 17											6. Individual or Joint/Group Filing (Check Applicable Line)						
WATERTOWN MA 02472													1	Form filed by One Reporting Person Form filed by More than One Reporting									
(City)	(5	tate)	(Z	ip)												Person	·						
			Tabl	e I - Nor	n-Deriv	ative	Sec	curit	ies Acc	quired,	Dis	posed of	f, or Be	neficia	ally (Owned							
1. Title of Security (Instr. 3) 2. Trans Date (Month/						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						s Ily ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
										Code	v	Amount	(A) or (D)	Price	,	Transacti (Instr. 3 a	on(s)			(mati. 4)			
Common Stock 11/07						7/2024				M		12,500 A		(1)	227,412			D				
Common Stock 11/07					7/2024	/2024					5,550	5,550 D S		.04	221,862		2 D						
			Ta									osed of, onvertib				wned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date E Expiration (Month/I	on Dat		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		5	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
						Code	v	(A)	(D)	Date Exercisa	ible	Expiration Date	Title	Amou or Numb of Share	er								
Performance Restricted Stock Units	(1)	11/07/20	024			M			12,500	(1)		02/28/2025	Common Stock	12,50	00	\$0	35,00	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. 15,000 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-**Fact**

** Signature of Reporting Person

11/12/2024

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.