FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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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

OMB APPROVAL									
11	OMB Number: 3235-0287								
Estimated a	Estimated average burden								
hours per re	esponse:	0.5							

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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hirsch Andrew					-	C + Therapounes, me. [ eeee ]							X	Direc	tor		10% O	wner	
(Last)	(F	rst) (ľ	Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)								X	Office below	er (give title v)		Other ( below)	specify
C/O C4 THERAPEUTICS, INC.					05/26/2022									President & CEO					
490 ARSENAL WAY #200																			
			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)					05/2	7/202	22							Line)	Fa	filed by On	. D	autina Dava	
WATER	TOWN M	A 0	2472											X		filed by On filed by Mo		Ü	
															Perso		ie iliai	ii Olie Nep	orung
(City)	(S	tate) (Z	Zip)																
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Execution Date,		3. Transaction Disposed Of (D) (In: 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)	on(s)		(mau. 4)
Common Stock 05/26/2					2022		F <sup>(1)</sup>		3,675	Ι	) {	<b>57.01</b>	.01 18,825			D			
		Tal									osed of,				Owne	d			
				(e.g., pu	its, ca	alis,	warra	ants,	optior	ıs, c	onvertib	le se	curiti	es)					1
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	posed D) str. 3, 4		te Amount of Securities Underlying Derivative Security (Ir 3 and 4)		int of rities rlying ative rity (Ins 4)	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

1. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting and settlement of performance restricted stock units and does not represent a sale by the Reporting Person.

## Remarks:

This Form 4/A is being filed to disclose shares withheld to satisfy tax withholding obligations which were inadvertently omitted from the original Form 4 filing.

/s/ Jolie M. Siegel, Attorney-06/14/2022 in-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.