FORM 4

UN

Washington, D.C. 20549

ITED STATES SECURITIES AND EXCHANGE COMMISSION
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). 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

1. Name and Address of Reporting Person* Boyle Scott N						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 Officer (give title Other (specify				
(Last) (First) (Middle) C/O C4 THERAPEUTICS, INC. 490 ARSENAL WAY #120						3. Date of Earliest Transaction (Month/Day/Year) 09/16/2024								below) below) Chief Business Officer				
(Street) WATERTOWN MA 02472					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta		<u>(ip)</u>	-Dariy	yatiyo	Sec	·uriti	05 Ac	nuired	Die	nosed o	f or Be	noficial	v Owned	1			
1. Title of Security (Instr. 3) 2. Trans-Date (Month/I					action	2 Ear) if	2A. Deemed Execution Date, If any (Month/Day/Year)		3. 4 Transaction D Code (Instr. 5		4. Securit	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)		5. Amour Securitie Beneficia Owned F	s For	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)		(Instr. 4)	
Common Stock 09/16/						2024		М		2,250) A	(1)	54,	,580	D			
Common Stock 09/16/						2024			F ⁽²⁾		661	D	\$6.36	53,	53,919			
		Ta							,	•	osed of, onvertib		•	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 Date, if any (Month/Day/Year)		4. Transactio		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Instr	Beneficial Ownershi ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares					
Performance Restricted Stock Units	(1)	09/16/2024			M			2,250	(1)		02/28/2025	Common Stock	2,250	\$0	14,250	D 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-

09/17/2024

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.