FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

#### 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									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	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*  REYNO LEONARD						2. Issuer Name and Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ]										eck all appl Direct	tionship of Reportir all applicable) Director Officer (give title		10% Ov	vner
(Last)		(First)	`	1iddle)		3. Date of Earliest Transaction (Month/Day/Year) 07/10/2024										below			Other (s below) Officer	specify
490 ARSENAL WAY #120					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATER	RTOWN MA 02472														Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(State)	(Z	ip)		Rule 10b5-1(c) Transaction Indication														
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												nded to	
			Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or E	Bene	ficial	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Exe	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Disposed O 5)			es Acq Of (D) (	uired ( Instr. 3	A) or 3, 4 and	Benefic Owned	ies ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or [	Price	Transac	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock 07/10/2						/2024				<b>F</b> <sup>(1)</sup>		6,191	I		\$ <del>5</del>	91	91,809		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. Transaction Date (Month/Day/Yea				3A. Dee Execution if any (Month/				of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4)		S (	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code		Code	v	(A)	(D)	Date Expiration Date		Expiration Date	Title	Amo or Num of Shar	ber								

### **Explanation of Responses:**

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

#### Remarks:

/s/ Jolie M. Siegel, Attorney-

07/11/2024

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.