FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

	tion 1(b).	nuc. See	File							es Exchang npany Act o			34		nours	s per r	esponse:	0.5
1. Name and Address of Reporting Person* <u>Koppikar Utpal</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol C4 Therapeutics, Inc. [ CCCC ]								Relationship neck all app X Direc	pplicable)		Person(s) to Issuer 10% Owner			
1	C/O C4 THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 02/08/2023								Office below	er (give title v)		Other (specify below)		
490 ARS  (Street)	SENAL WA	Y #120		4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				``		
1 '	TOWN M	A 0	2472												filed by Mo		an One Rep	
(City)	(St	ate) (2	Zip)															
		Table	I - Non-Deriv	ative \$	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/E			Execution Date		Date,	3. Transaction Code (Instr. ) 8) 4. Securities Acquir Disposed Of (D) (Instr. 5)				nd Securit Benefic Owned	Beneficially Owned Following		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V		Amount	(A)	) or )	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 02/08			/2023		P		5,667		A	\$5.0	5.6 5,667			D				
		Tal	ble II - Derivat (e.g., p	ive Seuts, c	ecuri alls, v	ties <i>A</i> warra	Acqui ants,	ired, C optior	ispo 1s, c	osed of, onvertib	or Be le se	enef ecuri	iciall ities)	y Owne	d			
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)		ransaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. 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	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nun of						

**Explanation of Responses:** 

Remarks:

/s/ Jolie M. Siegel, Attorney-

in-Fact

\*\* Signature of Reporting Person

02/10/2023 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.