FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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).

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* Mostafa Adam S.					2. Issuer Name and Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR]							eck all applic	able)	ting Person(s) to Issuer 10% Owner e Other (specify		ner
(Last) (First) (Middle) C/O X4 PHARMACEUTICALS, INC.				03	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2019							X Officer (give title Officer (specify below) See Remarks				
955 MASSACHUSETTS AVENUE, 4TH FLOOR (Street) CAMBRIDGE MA					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				ransactior e onth/Day/Yo	Execution Date			, Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		5. Amour Securitie Beneficia Owned F Reported	s Form ally (D) o ollowing (I) (Ir		Direct Condinect E	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			
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/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (Insti				6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$10.44	03/13/2019		A		62,633		(1)	10/03/2028	Common Stock	62,633	(2)	62,633		D	

Explanation of Responses:

- 1. Twenty-five percent (25%) of the shares subject to the option vested on October 4, 2019, and one thirty-sixth (1/36th) of the remaining shares subject to the option shall vest each month thereafter, subject to the Reporting Person continuing to provide service through each such date.
- 2. Reflects the Reporting Person's stock option to acquire 659,067 shares of X4 common stock for \$0.99 per share that was assumed by the Issuer in the merger of Artemis AC Corp., a wholly-owned subsidiary of the Issuer, with and into X4 Therapeutics, Inc. (formerly X4 Pharmaceuticals, Inc.) ("X4") on March 13, 2019 (the "Merger").

Remarks

Chief Financial Officer and Treasurer All share and per share amounts of the Issuer's common stock and stock options reported in this Form 4 reflect the 1-for-6 reverse stock split of the Issuer's common stock effected on March 13, 2019 after the completion of the Merger.

<u>/s/ Adam S. Mostafa</u> <u>03/14/2019</u>

** 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.