FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

					Т						прапу Аст С	71 10-10							1
Name and Address of Reporting Person*     DiBiase Mary					2. Issuer Name <b>and</b> Ticker or Trading Symbol X4 Pharmaceuticals, Inc [ XFOR ]										k all app Direc		Ü	10% O	wner
(Last)	(Last) (First) (Middle) C/O X4 PHARMACEUTICALS INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Officer (give title below)  Chief Oper			Other (specifical below)	
61 NORTH BEACON STREET 4TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON MA 02134														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Rule	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.											ended to		
		Table	l - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	, or B	enefic	ially	<b>Owr</b>	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					/Year)	Execu if any	eemed ution Date, th/Day/Year)					es Acquired (A Of (D) (Instr. 3,		4 and Secu		cially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o	Price	:	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 06/15/202					)23 <sup>(1)</sup>				S		857	D	\$2.2	.23(2)		51,857 <sup>(3)</sup>		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)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any			ition Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		8. Price Derivati Security (Instr. 5		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	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	Amount or Number of Shares	1					

## Explanation of Responses:

- 1. The reported transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$2.16 to \$2.39, inclusive. The Reporting Person undertakes to provide the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 3. Of the shares of common stock reported, 87,542 shares represent restricted stock units.

## Remarks:

/s/ Adam S. Mostafa, attorney-in-fact

06/16/2023

\*\* 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.