

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).

**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

1. Name and Address of Reporting Person* <u>Mostafa Adam S.</u>  (Last) (First) (Middle) <u>C/O X4 PHARMACEUTICALS, INC.</u> <u>955 MASSACHUSETTS AVENUE, 4TH FLOOR</u>  (Street) <u>CAMBRIDGE MA</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>X4 Pharmaceuticals, Inc [ XFOR ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>See Remarks</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/13/2019</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year) <u>03/14/2019</u>		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 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
Stock Option (right to buy)	\$10.44	03/13/2019		A		62,633		(I)	10/03/2028	Common Stock	62,633	(2)	62,633	D	

**Explanation of Responses:**

- Twenty-five percent (25%) of the shares subject to the option shall vest on September 5, 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. This amendment is being filed solely to correct the vesting schedule of the option included in the Form 4 filed on March 14, 2019.
- 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.

/s/ Adam S. Mostafa 03/15/2019  
 \*\* 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.