FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashingto	n. D.C.	20549	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
houre per reenonce.	0.5									

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

Name and Address of Reporting Person* Ragan Paula					2. Issuer Name and Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR]								ationship of F k all applicab Director		Persor	n(s) to Issue		
(Last) (First) (Middle) C/O X4 PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024						X	X Officer (give title below) Other (specify below) President and CEO						
61 NORTH BEACON STREET, 4TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)						l	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	•												Form filed by More than One Reporting Person					
	1V12				Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate)	(Zip)		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.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transac Date (Month/Da	Execution Date,		Transaction Disposed Code (Instr.			ties Acquired (A) or I Of (D) (Instr. 3, 4 and 9		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	V Amo	unt	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(ins		1150. 4)	
	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/Yea	Code (Instr.		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)		nd	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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl	Expirate Date	ion	Title	Amount or Number of Shares		(Instr. 4)				
Stock Appreciation Right	\$0.921	02/13/2024		A		1,189,578		(1)	02/13/2	034	Common Stock	1,189,578	\$0	1,189,	,578	D		

Explanation of Responses:

1. The Stock Appreciation Right will vest and become exercisable in equal annual installments (rounding down to the nearest whole share, except for the last installment) on the first, second, and third anniversaries of February 13, 2024, subject to the Reporting Person remaining an employee of the Issuer through and including each applicable vesting date.

Remarks:

/s/ Adam S. Mostafa, attorneyin-fact

02/16/2024

** 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.