## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

					01 360			wesuner		iipariy Act u	1 1940							
1. Name and Address of Reporting Person <sup>*</sup> Lawton Alison Frances						2. Issuer Name <b>and</b> Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													ХС	irector		10% Ov	vner	
(Last)	(Fir	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023									fficer (give title elow)		Other (s below)	specify	
C/O X4 PHARMACEUTICALS, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
61 NORTH BEACON STREET, 4TH FLOOR												Li	Line) X Form filed by One Reporting Person					
(Street)													F	Form filed by More than One Reporting Person				
BOSTO	BOSTON MA 02134																	
,					Rule 10b5-1(c) Transaction Indication													
(City)	(State) (Zip) Check this box to indicate that a transaction was made purs satisfy the affirmative defense conditions of Rule 10b5-1(c).																	
		Table	I - Nor	n-Derivat	tive S	ecuri	ities Acq	uired,	Dis	osed of	, or Be	nefic	ially C	wned				
1. Title of Security (Instr. 3)			2. Transacti Date (Month/Day	Year) if any		eemed ition Date, h/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			and Se Be Ov	Amount of curities neficially vned llowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) oi (D)	Pric	e Tra	ported insaction(s) str. 3 and 4)				
Common Stock 0				06/13/2	5/13/2023			A		45,000(1	.) A	\$	0	51,667	1	)		
		Tab	ole II - I	Derivativ	/e Se	curiti	ies Acqu	ired, D	ispo	sed of,	or Ben	eficia	ally Ov	ned	-			
							arrants,											
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Executivity or Exercise (Month/Day/Year) if any		if any	emed 4. tion Date, Transac Code (Ir 8)			5. Number of Derivative Securities Acquired (A) or Disposed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ Security (Instr. 3	of s ng ve	8. Price Derivat Securit (Instr. 5	ive derivative y Securities ) Beneficiall Owned Following Reported	Securities Forn Beneficially Direct Owned or In Following (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:
1. Represents restricted stock units (?RSUs?) granted to the Reporting Person as an annual award for service on the Board of Directors. The RSUs will vest in full on the earlier of the context of the cont

of (D) (Instr. 3, 4

ànd 5)

1. Represents restricted stock units (?RSUs?) granted to the Reporting Person as an annual award for service on the Board of Directors. The RSUs will vest in full on the earlier of (i) the one-year anniversary of the grant date or (ii) the Issuer?s next annual meeting of stockholders, subject to continued board service through the applicable vesting date. The RSUs will vest in full upon the occurrence of a change in control of the Issuer.

**Remarks:** 

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

Amount

06/14/2023

(Instr. 4)

\*\* 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.

OMB APPROVAL

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