FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 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 | | |
|---|-----------------|--|---|--|---|
| 1. Name and Address of Reporting Perso <u>Meisner Derek M</u> | on [*] | 2. Issuer Name and Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR] | 5. Relationship of (Check all applical Director X Officer (g | ble) | n(s) to Issuer 10% Owner Other (specify |
| C/O X4 PHARMACEUTICALS, INC. 955 MASSACHUSETTS AVENUE, 4TH FLOOR | | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2020 | Delow) | General Couns | below) |
| (Street) CAMBRIDGE MA (City) (State) | 02139 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 1 | int/Group Filing (d by One Reporti d by More than C | ing Person |

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. Transa Code (8) | | | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|----------|---------------|------------------------------|----------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | | | |
| Common Stock | 09/09/2020 | | S ⁽¹⁾ | | 8,334(2) | D | \$8.05 ⁽³⁾ | 16,666 ⁽⁴⁾ | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of | | 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 | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The reported transaction was effected pursuant to a Rule 10b5-1 trading plan.

2. Sale of shares to cover personal income tax obligation upon settlement of restricted stock unit award.

3. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$7.57 to \$8.96, 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. 4. Of the shares of common stock reported, 16,666 shares represent unvested restricted stock units.

Remarks:

/s/ Derek M. Meisner

** Signature of Reporting Person Date

09/10/2020

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.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP