FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subject
\neg	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		,				iipaiiy Act c			_							
Name and Address of Reporting Person* Aliski William					2. Issuer Name and Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR]									(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Aliski vviiliaili														4	X Dii	ector		10% Ov	vner		
(Last)	(Fi	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023										icer (give title low)		Other (s	specify		
C/O X4 PHARMACEUTICALS, INC.					4 If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
61 NORTH BEACON STREET, 4TH FLOOR			4. II Amendment, Date of Original Filed (World/Day/Year)										Line)								
01 NORTH BEACON STREET, 4111 FLOOR														X Form filed by One Reporting Person							
(Street)															Fo	rm filed by Mo		Ü			
BOSTO	N M.	A 0	2134																		
					Rule	Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (2	Zip)		1																
						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	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally O	vned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution if any			ition Date, T		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		ties Acquired (/ I Of (D) (Instr. 3		(A) or . 3, 4 ar	nd Sec Ben Owi	mount of urities eficially ned owing	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	Trai	orted saction(s) tr. 3 and 4)					
Common Stock 06/13/20					2023				A		45,000	45,000 ⁽¹⁾ A		\$0		51,667		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				(e.g., pu	ts, cai	IS, V	varra	ants,	option	ıs, c	onvertib	ie s	secur	ities							
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any			tion Date,	4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		; ;	3. Price (Derivativ Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
						v	(A)	(D)	Date Exercisa	or Nur Expiration of		ount nber .res									

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 (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

06/14/2023

** Signature of Reporting Person D

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.