(Last)

BOSTON

(City)

FORM 4

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

(First)

C/O X4 PHARMACEUTICALS, INC. 61 NORTH BEACON STREET 4TH FLOOR

MA

(State)

(Middle)

02134

(Zip)

Table I - Non-Der

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b). 1. Name and Address of Reporting Person' **DiBiase Mary**

	2. Issuer Name and Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR]		ationship of Reporting Person(s) to Issuer at all applicable) Director 10% Owner									
_	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2023	X Officer (give title Other (specification) Chief Operating Officer Year) 6. Individual or Joint/Group Filing (Check Application)										
	4. If Amendment, Date of Original Filed (Month/Day/Year)											
-		X Form filed by One Reporting Person										
	Form filed by More than One Reporting Person											
Rule 10b5-1(c) Transaction Indication												
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.												
vative Securities Acquired, Disposed of, or Beneficially Owned												

Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4)	1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securities Disposed Of 5)			Securities Beneficially	Form: Direct	of Indirect Beneficial Ownership
Common Stock 11/01/2023 S ⁽¹⁾ 67,695 D ⁽²⁾ \$0.73 ⁽³⁾ 310,844 D				Code	v	Amount		Price	Transaction(s)		(11301.4)
	Common Stock	11/01/2023		S ⁽¹⁾		67,695	D ⁽²⁾	\$0.73(3)	310,844	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	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)		Secu Acqu (A) of Dispo	rivative (Month/Day/Year) curities quired or sposed (D) str. 3, 4		ite	7. Titl Amou Secur Under Derive Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	Owned	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:

- $1.\ These\ transactions\ were\ made\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ June\ 2,\ 2023.$
- 2. Sale of shares to cover personal income tax obligation upon settlement of restricted stock unit award
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.6839 to \$0.80, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, 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 set forth in this footnote.

Remarks:

/s/ Adam S. Mostafa, attorney-11/03/2023 in-fact

** Signature of Reporting Person

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.