Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

0	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* Mostafa Adam S.						2. Issuer Name and Ticker or Trading Symbol X4 Pharmaceuticals, Inc [XFOR]									eck all applic Directo	tionship of Reporting all applicable) Director Officer (give title		10% Owner Other (specify	
(Last) (First) (Middle) C/O X4 PHARMACEUTICALS, INC. 955 MASSACHUSETTS AVENUE, 4TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019									- below)	below) CFO and Treasurer			
(Street) CAMBRIDGE MA 02139					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Adividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	City) (State) (Zip)																		
		Tak	ole I - Noi	n-Deriv	ativ	e Se	curities	s Acc	quired, [Dis	osed o	f, or E	ene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or 3, 4 and	5. Amou Securitie Beneficia Owned F	s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D	or	Price	Transact (Instr. 3 a	ion(s)			(instr. 4)
Common Stock 06/17/					7/201	2019			A		10,564	(1)	A	\$0.00	10,564(2)			D	
			Table II -						ired, Di options						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 3)				6. Date Exe Expiration (Month/Day	Date		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	OI N	lumber					
Stock Option (right to	\$14.75	06/17/2019			A		15,847		(3)	O	6/17/2029	Commo		5,847	\$0.00	15,847	7	D	

Explanation of Responses:

- 1. Grant of restricted stock units to the Reporting Person under the Issuer's 2017 Equity Incentive Plan, with each restricted stock unit representing the contingent right to receive one share of common stock on the applicable vesting date. No amount was paid upon grant of the units. The restricted stock units vest in four equal annual installments on June 30, 2020, June 30, 2021, June 30, 2022 and June 30, 2023, subject to the Reporting Person continuing to provide services through each such date.
- 2. Represents unvested restricted stock units.
- 3. 25% of the shares subject to the option shall vest on June 17, 2020, with the remainder vesting in equal installments of 2.0833% of the shares subject to the option on the last day of each successive month thereafter for a period of 36 months, subject to the Reporting Person continuing to provide services through each such date.

Remarks:

06/19/2019 /s/ Adam S. Mostafa

** 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.