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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
|---|---|--|------------------|-----------------|--|---|--|------------------------------------|-------------------------------|---|---------------------------------|--|---|--|--------------------|-----------|--|--|--|--|
| WYZGA MICHAEL S | | | | | | X4 Pharmaceuticals, Inc [XFOR] | | | | | | | | (Check all applicable) X Director 10% Ow | | | | vner | | |
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023 | | | | | | | | | Officer (give title below) | | | Other (specify below) | | | |
| C/O X4 PHARMACEUTICALS, INC. 61 NORTH BEACON STREET, 4TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) BOSTON MA 02134 | | | | | | | | | | | | | Form | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | (Zip) | | | | 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. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecur | ities Acq | uired, | Disp | osed of | f, o | r Ben | eficia | ally Owr | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | ution Date, | Transaction Di Code (Instr. 5) | | 4. Securiti Disposed 5) | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 5. Amo Securi Benefi Owneo Follow | cially d | For (D) Indi | m: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code V Amount (A) or (D) | | | Price | | rted action(s) . 3 and 4) | | | | | | | | | |
| Common Stock 06/13/20 | | | | |)23 | | A | | 45,000 | ,000 ⁽¹⁾ A | | \$ <mark>0</mark> | 5 | 51,667 | | 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) | Execut if any | | | iction Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date I Expiratio (Month/I | on Da | te Amoun ear) Securit Underly Derivat Securit | | Title and mount of ecurities inderlying erivative ecurity istr. 3 an | f 9 | 8. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported Transactii (Instr. 4) | | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 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 (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.

(D)

Date

Exercisable

Expiration

Date

Remarks:

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

Amount or Number

Shares

of

Title

06/14/2023

** 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).

Code

V (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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