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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 11, 2024

C4 THERAPEUTICS, INC.
(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-39567**	**47-5617627**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
490 Arsenal Way, Suite 120 Watertown, MA		**02472**
(Address of Principal Executive Offices)		**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (617) 231-0700

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	CCCC	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On January 11, 2024, C4 Therapeutics, Inc. (the "Company") posted an investor presentation to its website at *https://ir.c4therapeutics.com/events-presentations*. A copy of the investor presentation is furnished herewith as Exhibit 99.1.

The information in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1 attached hereto, is being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed subject to the requirements of amended Item 10 of Regulation S-K, nor shall it be deemed incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing. The furnishing of this information hereby shall not be deemed an admission as to the materiality of any such information.

Forward-Looking Statements

This Current Report on Form 8-K contains forward-looking statements that are made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, including the Company's expectations regarding the timing and results of the Restructuring; the estimated charges and costs expected to be incurred therewith; the Company's ability to successfully implement its cost-saving initiatives and to capture expected efficiencies; and expectation that the Restructuring will preserve its cash runway into 2027. The use of words such as "anticipate," "believe," "continue," "could," "endeavor," "estimate," "expect," "anticipate," "intend," "may," "might," "plan," "potential," "predict," "project," "seek," "should," "target," "will" or "would" or the negative of such words or other similar expressions can be used to identify forward-looking statements. Each forward-looking statement is subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such statement. These and other risks and uncertainties are described in additional detail in the section entitled "Risk Factors" in the Company's Annual Report on Form 10-K filed February 23, 2023, its Quarterly Reports on Form 10-Q filed on May 4, 2023, August 8, 2023, and November 10, 2023, and its other filings made with the Securities and Exchange Commission from time to time. Although the Company's forward-looking statements reflect the good faith judgment of its management, these statements are based only on facts and factors currently known by the Company. As a result, you are cautioned not to rely on these forward-looking statements. Any forward-looking statement made in this Current Report on Form 8-K speaks only as of the date on which it is made. Except as required by applicable law, the Company undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits. The exhibits shall be deemed to be filed or furnished, depending on the relevant item requiring such exhibit, in accordance with the provisions of Item 601 of Regulation S-K (17 CFR 229.601) and Instruction B.2 to this form.

Exhibit Number	Description
99.1	Investor presentation of the Company dated January 11, 2024 (furnished herewith)
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

C4 Therapeutics, Inc.

Date: January 11, 2024

By: /s/ Kendra R. Adams

Kendra R. Adams

Chief Financial Officer

C4 Therapeutics

Protein degraded.
Disease targeted.
Lives transformed.

January 2024

Forward-looking Statements and Intellectual Property

Forward-looking Statements

The following presentation contains forward-looking statements. All statements other than statements of historical fact are forward-looking statements, which are often indicated by terms such as "anticipate," "believe," "could," "estimate," "expect," "goal," "intend," "look forward to," "may," "plan," "potential," "predict," "project," "should," "will," "would" and similar expressions. These forward-looking statements include, but are not limited to, statements regarding the therapeutic potential of C4 Therapeutics, Inc.'s technology and products. These forward-looking statements are not promises or guarantees and involve substantial risks and uncertainties. Among the factors that could cause actual results to differ materially from those described or projected herein include uncertainties associated generally with research and development, clinical trials and related regulatory reviews and approvals, as well as the fact that the product candidates that we are developing or may develop may not demonstrate success in clinical trials. Prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. The forward-looking statements included in this presentation are subject to a variety of risks and uncertainties, including those set forth in our most recent and future filings with the Securities and Exchange Commission. Our actual results could vary significantly from those anticipated in this presentation, and our financial condition and results of operations could be materially adversely affected. C4 Therapeutics, Inc. undertakes no obligation to update or revise the information contained in this presentation, whether as a result of new information, future events or circumstances or otherwise.

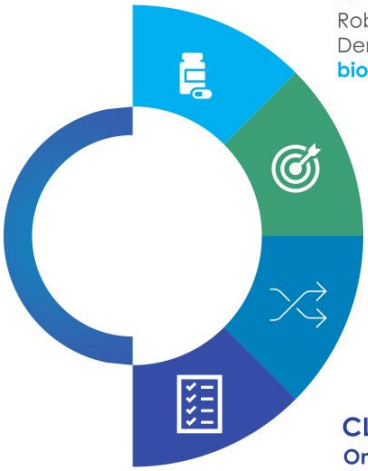
Intellectual Property

C4 Therapeutics, Inc. owns various registered and unregistered trademarks and service marks in the U.S. and internationally, including, without limitation, C4 THERAPEUTICS, our housemark logo, the name of our TORPEDO platform, and the names of our BIDAC and MONODAC degrader products. All trademarks, service marks, or trade names referred to in this presentation that we do not own are the property of their respective owners. Solely for convenience, the trademarks, service marks, and trade names in this presentation are referred to without the symbols ®, SM and ™, but those references should not be construed as any indicator that their respective owners will not assert, to the fullest extent under applicable law, their rights to.

C4T is a Recognized Leader in Delivering on the Promise of Targeted Protein Degradation

Our Mission

To deliver on the promise of targeted protein degradation science to create a new generation of medicines that transform patients' lives



WORLD-CLASS DEGRADER PLATFORM

Robust patent portfolio of novel cereblon binders; Demonstrated ability to design **orally bioavailable, catalytically efficient degraders**

RIGOROUS TARGET SELECTION

Focus on targets with a **clear degrader rationale**

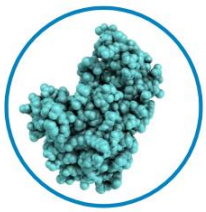
BROAD DEGRADER APPROACH

MonoDAC and **BiDAC** degraders, as well as **degrader-antibody conjugates**

CLINICAL PIPELINE

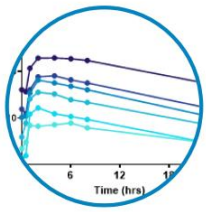
Oncology degraders against targets of high unmet need

We Have Designed and Advanced Degraders into the Clinic across a Range of Target Classes, Resulting in Robust Target Degradation

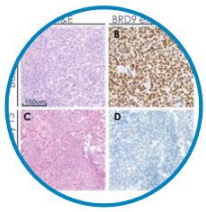


Interrogated Diverse Target Classes

Attained IND Clearance



Achieved Desirable Drug-like Properties



Degraded Target as Predicted

Discovered degraders and advanced **4 INDs** against a transcription factor, a chromatin modifier, and two kinases

To date, we have evaluated **3 programs** in the clinic[1], with each demonstrating robust target degradation in patients

1. Evaluated three programs in the clinic as of 1/9/2024
Investigational New Drug Application (IND)

C4 Therapeutics

Prioritized Pipeline to Deliver Near-Term Value

Program	Target	Indications	Discovery	Preclinical	Early phase development	Late phase development	Rights
CFT7455	**IKZF1/3**	Multiple Myeloma & Non-Hodgkin's Lymphoma					
CFT1946	**BRAF V600X**	V600X Mutant Cancers					
CFT8919[1]	**EGFR L858R**	Non-Small Cell Lung Cancers					
Undisclosed Discovery Stage Programs		Various Cancers					
Undisclosed Collaboration Programs		Autoimmune & Cancer	*2 targets*				Roche
		Autoimmune & Neurological	*2 targets*				Biogen
		Cancer	*1 target*				MERCK

1. License and Collaboration Agreement with Betta Pharmaceuticals for the development and commercialization in Greater China

2023 Accomplishments Position C4T for Future Value Creation

Strong Execution on 2023 Milestones

- ✓ Presented **positive CFT7455 Phase 1** dose escalation data in R/R MM demonstrating **new optimal schedule** and **encouraging IMWG responses in + dex arm**
- ✓ **Dosed first patient in CFT1946** Phase 1/2 trial and **completed enrollment** in **3 escalation cohorts**
- ✓ Presented **new CFT1946 preclinical data** demonstrating **superiority to inhibitors** in *in vivo* models of BRAF V600X driven disease and in escape mutant models
- ✓ Generated **CFT8634 data** to inform **portfolio decision to stop program development**
- ✓ Secured China partnership for **CFT8919** and achieved **FDA clearance of U.S. IND** and **CTA clearance from China's NMPA**
- ✓ Entered into **collaboration with Merck** to discover and develop degrader-antibody conjugates

Capital[1] from ATM, Betta Equity, and Merck Upfront Combined with Cost Savings from Restructuring Extends Cash Runway into 2027

1. Approximately $107M of new capital is comprised of the previously announced $25M equity investment from a subsidiary of Betta Pharmaceuticals, the $10M upfront payment from collaborator Merck for the Degrader-Antibody Conjugate collaboration and approximately $72M in net proceeds generated by leveraging the company's at-the-market (or ATM) facility during the fourth quarter of 2023

International Myeloma Work Group (IMWG); Dexamethasone (dex); Investigational New Drug (IND); Clinical Trial Application (CTA); National Medical Products Administration (NMPA)

2024 Milestones: Advancing High-potential Programs

Multiple Value Inflection Points over Next 12 Months with Sufficient Runway (into 2027[1]) Beyond These Milestones

CFT7455 IKZF1/3	• **2H 2024:** Present updated data from Phase 1 dose escalation +dex trial in R/R MM • **2H 2024:** Present data from Phase 1 dose escalation monotherapy trial in R/R NHL • **By YE 2024:** Complete Phase 1 dose exploration in R/R MM and R/R NHL
CFT1946 BRAF V600X	• **1H 2024:** Present preclinical data demonstrating differentiated activity in BRAF V600X melanoma, CRC, NSCLC, and brain metastasis models • **2H 2024:** Present data from Phase 1 dose escalation trial in melanoma, CRC, NSCLC, and other BRAF V600X cancers
CFT8919 EGFR L858R	• **2024:** Support trial start-up activities related to Betta's Phase 1 dose escalation trial in China
Discovery	• **2024:** Deliver development candidate to collaboration partner

1. Unaudited Cash, Cash Equivalents and Marketable Securities totaling approximately $330 million as of January 5, 2024 combined with cost savings from restructured operations
Dexamethasone (dex); Colorectal cancer (CRC); Non-small cell lung cancer (NSCLC); Year-end (YE)

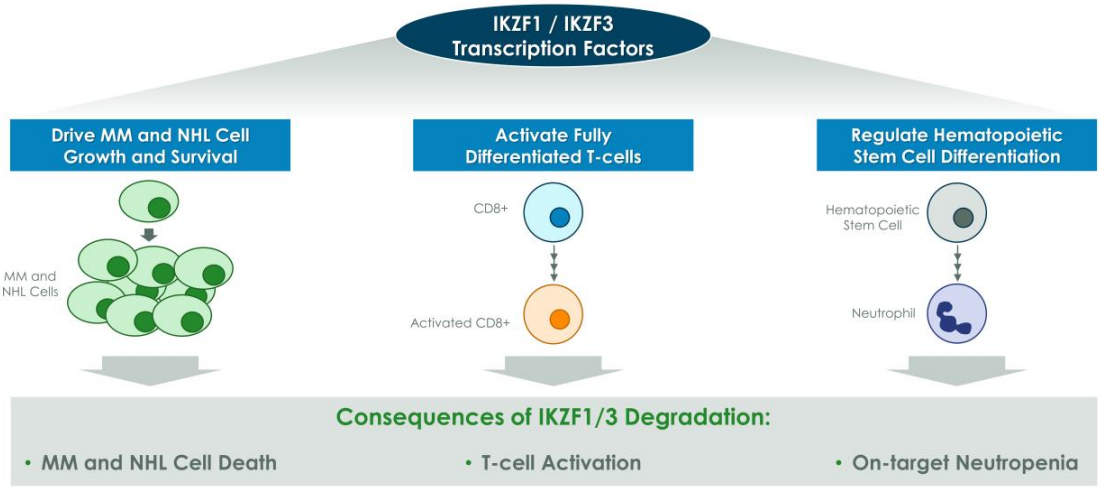
CFT7455

Targeting IKZF1/3

Multiple Myeloma (MM)
& Non-Hodgkin's Lymphoma (NHL)

C4 Therapeutics

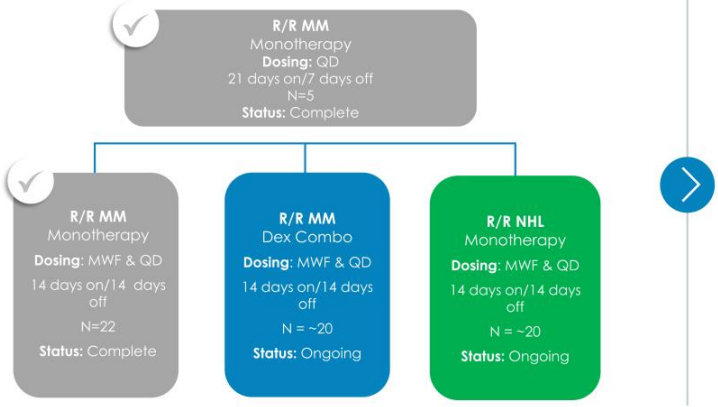
IKZF1/3 Degradation Drives Three Distinct Areas of Hematopoietic Biology; Degrading IKZF1/3 is a Validated Therapeutic Strategy in MM and NHL



Ikaros Family Zinc Finger proteins 1 and 3 (IKZF1/3); Multiple Myeloma (MM); Non-Hodgkin's Lymphoma (NHL)

CFT7455 Phase 1 Dose Escalation Trial's Goal is to Define the Safety Profile and Identify Signs of Anti-Tumor Activity in R/R MM and R/R NHL

Phase 1 Dose Escalation Trial



Endpoints

Primary:
- Safety and tolerability
- Determine the maximum tolerated doses

Secondary:
- Estimate anti-tumor activity
- Assess PK

Exploratory:
- Characterize target engagement
- Assess kinetics, depth, recovery and consistency of target engagement
- Assess immunomodulation

Pharmacokinetic (PK); Monday, Wednesday, Friday dosing (MWF); once daily (QD); Relapsed refractory multiple myeloma (R/R MM); Relapsed refractory non-Hodgkin's lymphoma (R/R NHL); Dexamethasone (Dex)

C4 Therapeutics

Schedule Adjustment Yielding Expected Results for CFT7455 as a Potential MM Therapy

Established Safety Profile and Dosing Schedule

- CFT7455 is well tolerated with no DLTs resulting in treatment discontinuations
- The 14 days on/14 days off schedule is optimal

Demonstrated Monotherapy Activity

- Anti-myeloma activity and immunomodulatory effects observed at well tolerated doses
- Opportunity in combination with novel MM agents for early-line patients and as a maintenance therapy option

Promising Responses with CFT7455 + Dexamethasone

- Multiple patients achieved IMWG responses at low doses with best responses in patients refractory to BCMA therapies
- Opportunity in combination with dexamethasone for multi-refractory patients

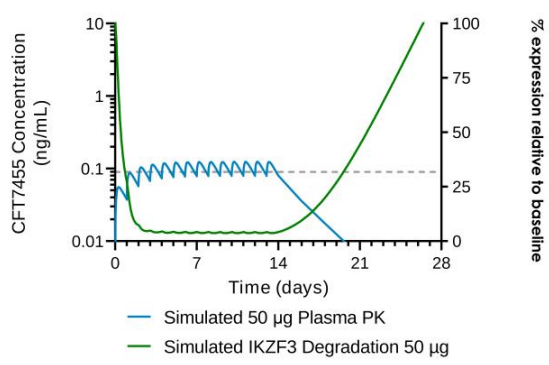
CFT7455 is a **potential treatment for multi-refractory MM patients** with the ability **to move into earlier lines** with numerous combination opportunities

Dose Limiting Toxicities (DLTs); Multiple myeloma (MM); B cell maturation antigen (BCMA); International Myeloma Working Group (IMWG)
Source: C4T data on file as 11/28/2023

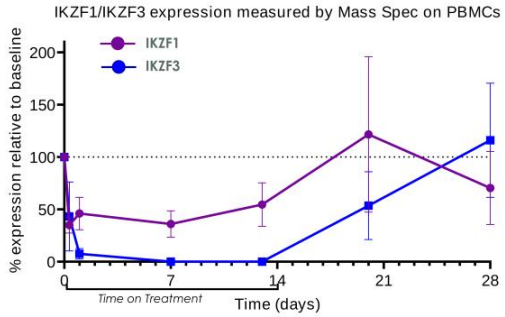
C4 Therapeutics

CFT7455 Monotherapy Pharmacodynamics Consistent with 14 Days On/14 Days Off Modeling; Schedule is Sufficient for Neutrophil Recovery

Modeled PK/PD of 14 Days On/ 14 Days Off Schedule



Clinical PD of 14 Days On/ 14 Days Off Schedule



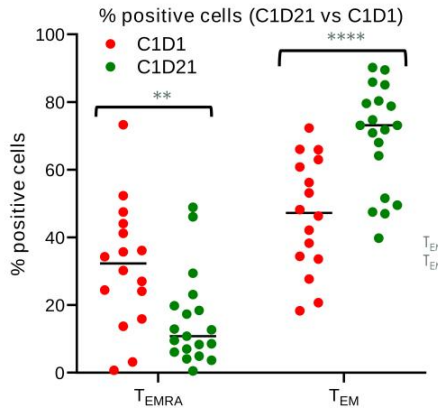
Daily dosing (QD); Pharmacokinetic (PK); Pharmacodynamic (PD); Monday, Wednesday, Friday dosing (MWF)
Source: C4T data on file as of 11/28/23

CFT7455 Monotherapy Data Support Opportunity for Combination with Novel MM Agents

Well Tolerated in Heavily Pre-Treated Patients with 14 Days on/ 14 Days off Schedule	Grade 3 or greater drug related effects were, as expected, neutropenia and other hematologic effects
	No DLTs resulting in discontinuation across the entire monotherapy arm
	Manageable neutropenia
	Limited safety concerns outside of hematology, which is consistent with IKZF1/3 degraders
Evidence of Anti-Myeloma Monotherapy Activity	20 patients were efficacy evaluable and in total, achieved: • 1 partial response • 2 minimal responses • 9 stable disease
	All 4 patients at the maximum administered dose had stable disease or better

Dose limiting toxicity (DLT); Ikaros Family Zinc Finger Proteins 1 and 3 (IKZF1/3)
Source: C4T data on file as of 11/28/2023

Clinical Evidence of Immune T-cell Activation with CFT7455 Monotherapy



T_{EMRA}: Terminally differentiated T-cells
T_{EM}: Effector memory T-cells

- 19 patient samples (PBMCs) analyzed by flow cytometry
- Aggregate data of 25 µg, 50 µg, and 75 µg MWF and QD

Peripheral Blood Mononuclear Cells (PBMCs); Daily dosing (QD); Monday, Wednesday, Friday Dosing Schedule (MWF)
Multiple Myeloma (MM)
Source: C4T data on file as of 11/28/2023

Supports potential of CFT7455 as a maintenance therapy option and in combination with novel MM agents to improve efficacy:

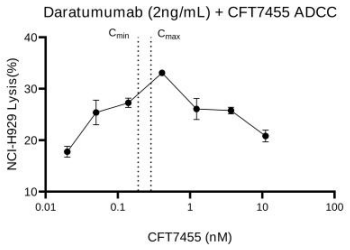
- ✓ CFT7455 induces CD8+ T-cell activation by increasing effector memory T-cell subset
- ✓ T-cell activation is observed at well tolerated monotherapy clinical doses
- ✓ The clinical data consistent with the preclinical *in vitro* data reported for CFT7455

C4 Therapeutics

CFT7455 Combined with Novel MM Agents Demonstrates Enhanced Immune Cell Lysis in Non-clinical Translational Models

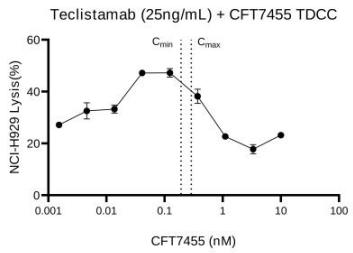
Daratumumab (Anti-CD38) Combo

Antibody-Dependent Cell-Mediated Cytotoxicity Assay (ADCC)



Teclistamab (BCMA BiTE) Combo

T-cell Dependent Cellular Cytotoxicity Assay (TDCC)



C_{min} and C_{max} represent human plasma concentrations for a 50 µg dose of CFT7455

Bispecific T-Cell Engager (BiTE)
Source: C4T data on file as of 11/28/2023

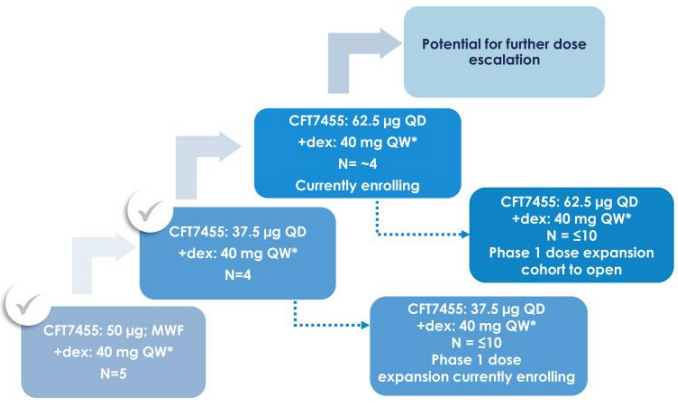
C4 Therapeutics

CFT7455 + Dexamethasone Dose Escalation in R/R MM Continues to Progress

Phase 1: Dose Escalation + Dexamethasone 14 Days On/14 Days Off

KEY INCLUSION CRITERIA

- Adults with R/R MM, at least 3 prior lines that have included lenalidomide, pomalidomide, a proteasome inhibitor, a glucocorticoid, and an anti-CD38 monoclonal antibody
- Nonresponsive to or progressed within 60 days of prior therapy
- Measurable disease
- Adequate bone marrow function (ANC ≥1000, Hgb ≥8.0, platelets ≥75,000)
- Creatinine clearance ≥40 mL/min
- ECOG ≤2



Phase 2: Cohort Expansion N=~30

Eastern Cooperative Oncology Group (ECOG), Monday, Wednesday, Friday dosing (MWF); Daily Dosing (QD), Relapsed/Refractory multiple myeloma (R/R MM); Absolute neutrophil count (ANC); Hemoglobin (Hgb); Dexamethasone (Dex)
*+Dex is dosed on days 1, 8,15, and 22 and dose is reduced for older patients.
Source: C4T data on file as of 11/28/2023

CFT7455 + Dexamethasone is Well Tolerated and Best Responses in Patients Refractory to BCMA Therapies

Anti-myeloma Activity:

Dosing Schedule	Dose Level	EMD Status	Prior CAR-T or TCE	# of Prior Lines	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11
14 days on/ 14 days off	CFT7455: 50 µg MWF +dex: 40 mg QW	No	No	6		PD									
		No	Yes	4		SD				PD					
		No	No	5		SD	MR		PR	→					
		Yes	Yes	12		PD									
	CFT7455: 37.5 µg QD +dex: 40 mg QW	No	No	6		SD				■					
		No	Yes	5		VGPR	sCR			→					
		No	Yes	9		PR				→					
		Yes	No	7		SD	■								
		Yes	Yes	7		NE	→								

Stringent Complete Response (sCR)
Very good partial response (VGPR)
Partial Response (PR)
Minimal Response (MR)
Stable Disease (SD)
Progressive Disease (PD)
Not Evaluable (NE)
Ongoing
Withdrawal of consent or physician decision

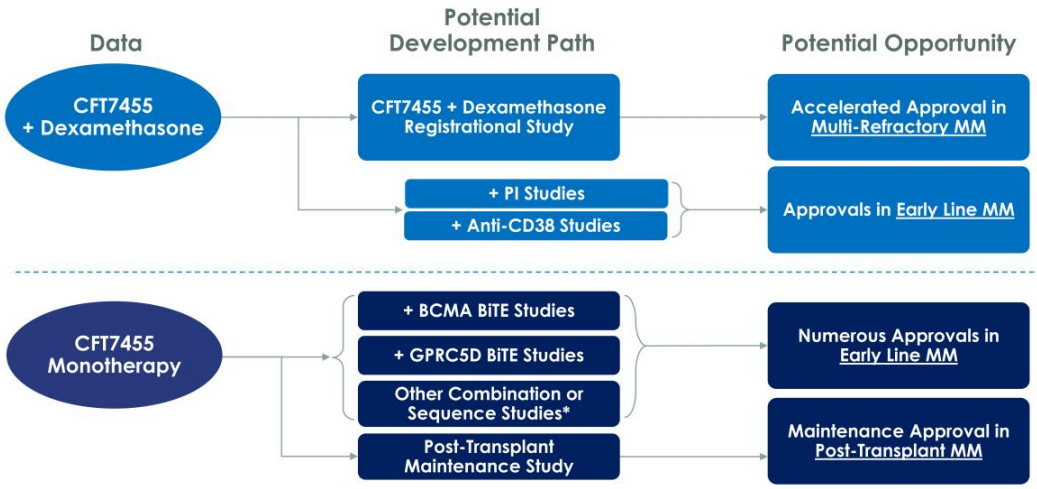
Safety:

- CFT7455 + dexamethasone is well tolerated
- Consistent with the monotherapy safety signal
- No AEs have led to dose reductions, discontinuations or DLTs

Extramedullary Disease (EMD); T-Cell Engager (TCE); Daily Dosing QD); One Weekly (QW); Monday, Wednesday, Friday Dosing (MWF); Dose Limiting Toxicity (DLTs); Dexamethasone (dex); B cell maturation antigen (BCMA); Adverse events (AEs)
Source: C4T data on file as of 11/28/2023

C4 Therapeutics

CFT7455 Profile Supports Multiple Opportunities across MM Landscape



* Other combination opportunities may include CAR-T, anti-SLAMF7, XPO1 inhibitors, FcRH5 BiTE, among others.
Bi-specific T-cell Engager (BiTE); Proteasome Inhibitors (PI); Multiple myeloma (MM); B cell maturation antigen (BCMA); G protein–coupled receptor, class C, group 5, member D (GPRC5D)

CFT1946

Targeting BRAF V600X

Melanoma, Colorectal (CRC)
& Non-Small Cell Lung Cancer (NSCLC)

C4 Therapeutics

CFT1946 has the Potential to Overcome Resistance Mechanisms Seen with Inhibition in BRAF V600X Cancers

Potential Advantages of BRAF V600X Degradation

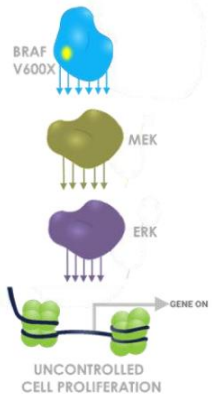
- Specifically targets BRAF V600X mutation over wildtype BRAF
- Degrader prevents dimer formation and avoids paradoxical activation
- Addresses MAPK pathway resistance mechanisms from inhibitors
- Enables deep elimination of mutant BRAF signaling and creates durable responses through degrader molecule recycling and catalytic effect

Key Properties of CFT1946

- Orally bioavailable
- Potent and selective against BRAF V600X mutant targets while sparing wildtype activity
- Preclinical activity in settings of resistance to BRAF inhibitors
- Preclinical evidence of CNS activity

BRAF V600X CONDITION

Active BRAF V600X causes uncontrolled MAPK signaling, leading to tumorigenesis, tumor growth, and tumor maintenance

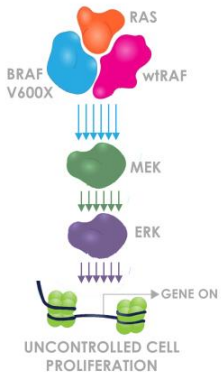


Colorectal Cancer (CRC); Central Nervous System (CNS)

C4 Therapeutics

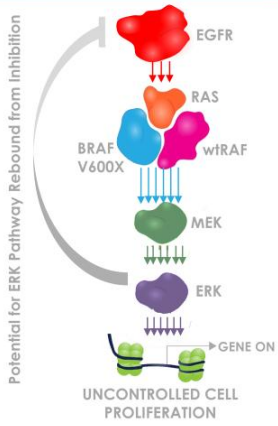
BRAF V600X Degrader Advantages Vary by Indication and May Require Combination

Melanoma & NSCLC Acquired Resistance



CFT1946 in combination with trametinib/MEK inhibitor may increase durability in the face of acquired resistance mechanisms

CRC Intrinsic Resistance



CFT1946 in combination with cetuximab may overcome resistance through blocking EGFR pathway

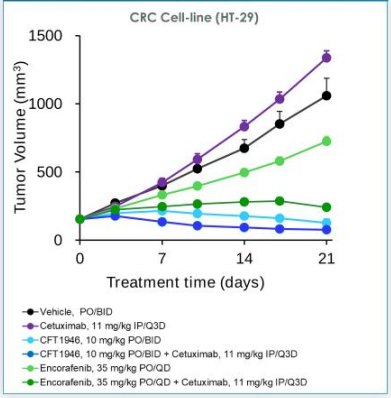
CFT1946 has the Potential to Address Multiple Tumor Types with BRAF V600X Mutations Where BRAF Inhibitors are Insufficient

	BRAF V600X Mutation Rate	2023 U.S. Incidence of BRAF V600X Patients[4]	Approved BRAF Inhibitors	BRAF Inhibitor Regimen mPFS[5]
Melanoma	~35%[1]	~35,000	• Dabrafenib • Encorafenib • Vemurafenib *All used in combination with MEK inhibitors*	**11.4 months** (dabrafenib + trametinib in 1L+)
Colorectal Cancer	5-10%[2]	~11,000	• Encorafenib *Used in combination with cetuximab (anti-EGFR)*	**4.2 months** (encorafenib + cetuximab in 2L+)
Non-Small Cell Lung Cancer	1-2%[3]	~3,000	• Dabrafenib • Encorafenib *Both used in combination with MEK inhibitors*	**15.2 months** (dabrafenib + trametinib in 2L+)

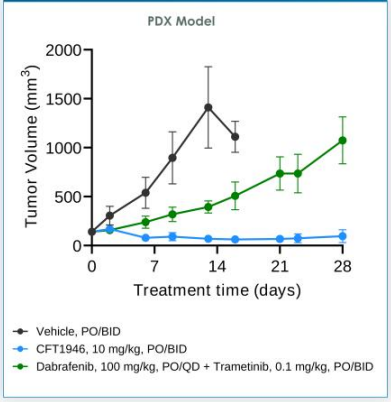
Sources: 1. Owsley 2021 Exp Biol Med. 2. Paik 2011 J Clin Oncol. 3. Bylsma 2020 Cancer Med. 4. NCI SEER, consulting work done by Health Advances. 5. FDA Labels

CFT1946 is More Efficacious than SOC in CRC & NSCLC BRAF V600X Xenograft Models and in a Melanoma PDX BRAF Inhibitor Resistance Model

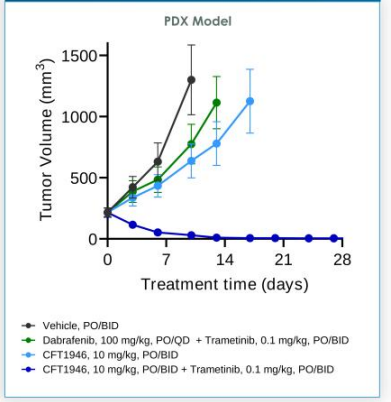
CRC
CFT1946 as a monotherapy and + cetuximab shows enhanced responses



NSCLC
CFT1946 as a monotherapy shows enhanced responses to dabrafenib



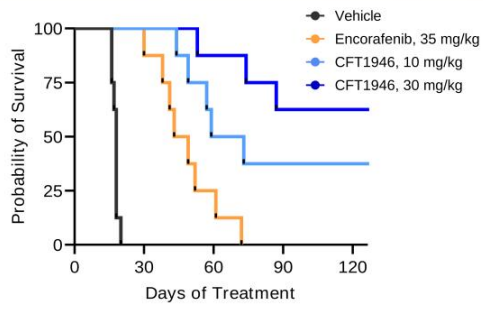
MELANOMA
CFT1946 + trametinib shows deep tumor regression



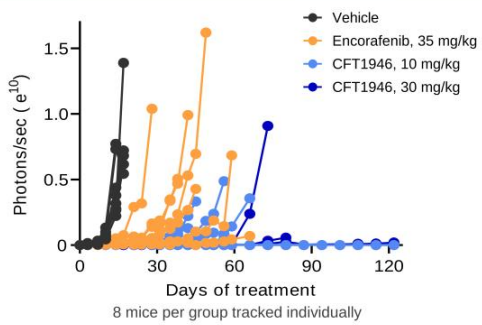
Oral administration (PO); Twice a day dosing (BID); Intraperitoneal injections (IP);
Source: C4T data on file as of 12/31/23

CFT1946 is Active in Preclinical Metastatic Melanoma CNS Models

CFT1946 Prolongs Survival Compared to Encorafenib (BRAF inhibitor) in CDX Model



CFT1946 Reduces CNS Tumor Burden in Metastatic Melanoma CNS Model



8 mice per group tracked individually

Cell Derived Xenograft (CDX)
Source: C4T data on file as of 12/26/2023

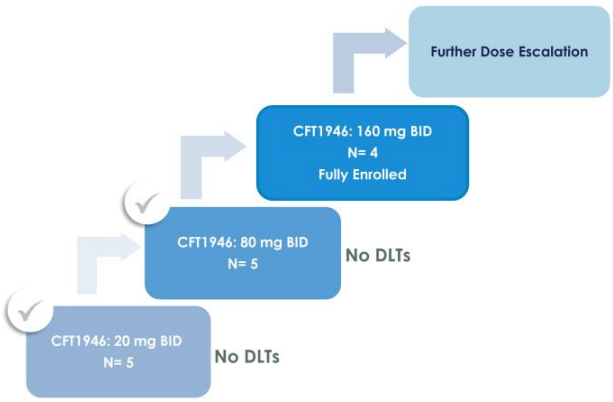
C4 Therapeutics

CFT1946 Phase 1/2 Dose Escalation Trial Continues to Progress

KEY INCLUSION CRITERIA[1]

- ≥18 years of age
- Evidence of a BRAF V600X mutation obtained from tumor tissue or liquid biopsy
- Received ≥1 prior line of SoC therapy for unresectable locally advanced or metastatic disease, NSCLC, CRC, Melanoma, ATC or other BRAF V600X mutation-positive tumors
- No patient with CNS involvement (primary tumor or metastatic disease), except if clinically stable
- No patient with known malignancy other than trial indication that is progressing or has required treatment within the past 3 years, except for conditions that have undergone potentially curative therapy

Dose Escalation: Monotherapy Arm for V600X Solid Tumors including CRC, Melanoma and NSCLC (Post BRAF Inhibitor)



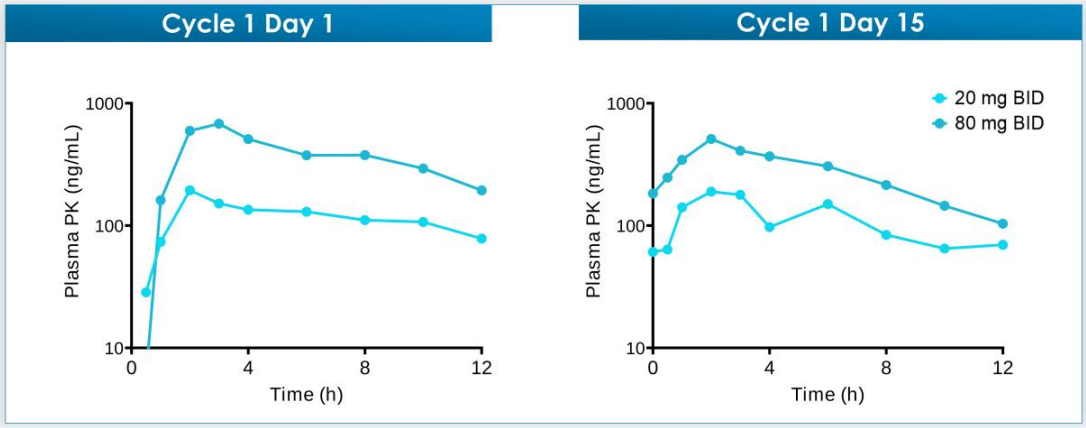
Safety Combination Cohorts:

+ trametinib for melanoma and NSCLC

+ cetuximab for CRC[2]

Twice a day (BID); standard of care (SoC); Non-small cell lung cancer (NSCLC); Colorectal Cancer (CRC);t Anaplastic thyroid cancer (ATC); Central nervous system (CNS)
1. NCT05668585. www.clinicaltrials.gov. Accessed January 9, 2024. 2. CFT1946 +cetuximab cohort for CRC is pending protocol amendment

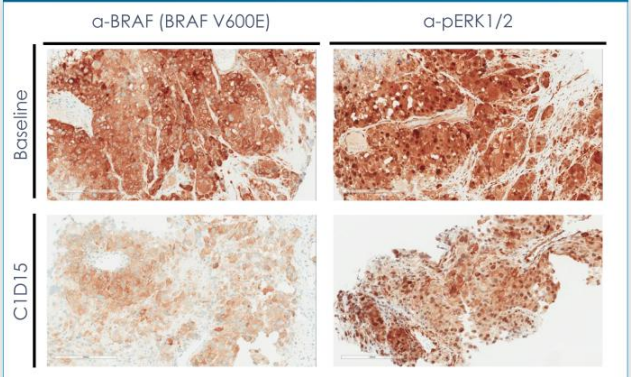
Plasma Exposure of CFT1946 Increased Roughly Proportionally with Dose



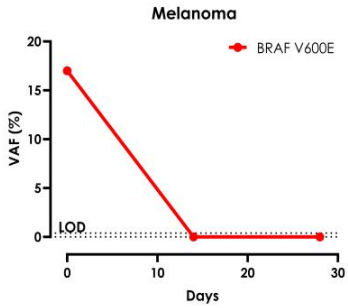
Pharmacokinetic (PK)
Source: C4T data on file as of 11/9/2023

At 80 mg, CFT1946 Degrades BRAF V600E in Melanoma Tissue and Demonstrates Rapid Decrease of BRAF V600E VAF in ctDNA

Patient 1: At 80 mg, CFT1946 Degrades BRAF V600E in Melanoma Tissue and Results in Reduced ERK Signaling



Patient 2: Rapid Decrease of BRAF V600E VAF in 15 days of CFT1946 Treatment At 80 mg



Patient also demonstrated 7% decrease in tumor volume in correlation with the ctDNA data

Limit of Detection (LOD); Variant Allele Frequency (VAF); Circulating tumor DNA (ctDNA)
Source: C4T data on file as of 11/14/2023

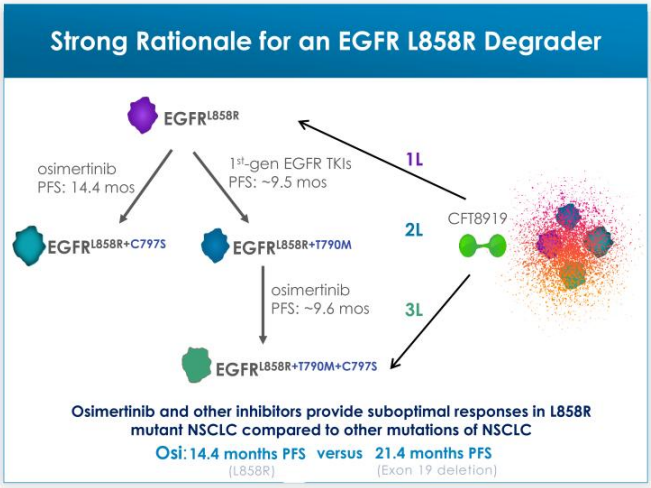
CFT8919

Targeting EGFR L858R

Non-Small Cell Lung Cancer (NSCLC)

C4 Therapeutics

Potential for CFT8919 to Improve Outcomes for NSCLC Patients with EGFR L858R Mutations



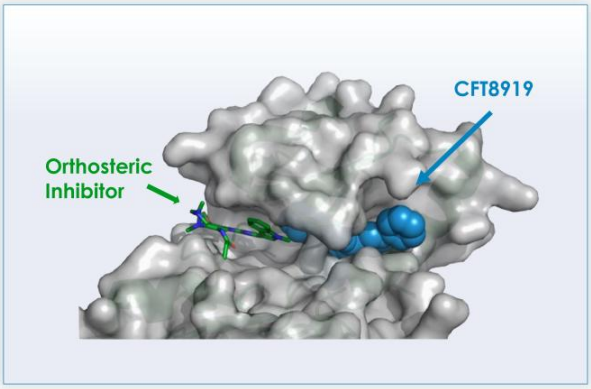
CFT8919 Key Properties
- Orally bioavailable
- Potent and selective against L858R, regardless of secondary mutations
- Allosteric binding

Market Size
- ~$6B approved EGFR inhibitor market[1]

Progress to Date
- Achieved FDA clearance of U.S. IND
- Betta received CTA clearance from China's NMPA

Non-small cell lung cancer (NSCLC); Tyrosine Kinase Inhibitor (TKI); Osimertinib (Osi); Investigational New Drug (IND); Clinical Trial Application (CTA)
Sources: Soria, J.C. et al. NEJM 378, 113–125 (2018); Sher, T. et al. Mayo Clin. Proc. 83, 355-367 (2008); 1. 2022 market size from EvaluatePharma.

CFT8919 is a Potent, Oral, Allosteric, Mutant-selective Degrader of EGFR L858R



- CFT8919 exploits **allosteric binding site**, close to L858R activating mutation
- Allosteric binding site avoids known resistance-causing mutations in **orthosteric binding site**
- Allosteric binders do not require covalent binding through C797S and do not compete with orthosteric binding

Allosteric binding avoids resistance mutations, wild-type activity, and is combinable with orthosteric inhibitors

2024 Milestones: Advancing High-potential Programs

Multiple Value Inflection Points over Next 12 Months with Sufficient Runway (into 2027[1]) Beyond These Milestones

CFT7455 IKZF1/3	• **2H 2024:** Present updated data from Phase 1 dose escalation +dex trial in R/R MM • **2H 2024:** Present data from Phase 1 dose escalation monotherapy trial in R/R NHL • **By YE 2024:** Complete Phase 1 dose exploration in R/R MM and R/R NHL
CFT1946 BRAF V600X	• **1H 2024:** Present preclinical data demonstrating differentiated activity in BRAF V600X melanoma, CRC, NSCLC, and brain metastasis models • **2H 2024:** Present data from Phase 1 dose escalation trial in melanoma, CRC, NSCLC, and other BRAF V600X cancers
CFT8919 EGFR L858R	• **2024:** Support trial start-up activities related to Betta's Phase 1 dose escalation trial in China
Discovery	• **2024:** Deliver development candidate to collaboration partner

1. Unaudited Cash, Cash Equivalents and Marketable Securities totaling approximately $330 million as of January 5, 2024 combined with cost savings from restructured operations
Dexamethasone (dex); Colorectal cancer (CRC); Non-small cell lung cancer (NSCLC); Year end (YE)