FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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(b) of the Investment Company Act of 1940

						or Sec	tion s	su(n) c	or tne	investm	ent C	ompany Act o	or 1940								
1. Name and Address of Reporting Person* GOTTSCHALK ADRIAN							2. Issuer Name and Ticker or Trading Symbol Foghorn Therapeutics Inc. [FHTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 500 TEC						3. Date of Earliest Transaction (Month/Day/Year) 05/26/2023									v (Officer (give title				r (specify v)	
STE #700					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	BRIDGE MA 02139														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	City) (State) (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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				nd Sec Ber Ow	moun curities neficia ned lowing	s illy	Form: 0		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)		ľ			
Common Stock 05/26/202						23				G ⁽¹⁾		300,000	D	\$0.0	0	448,704		1 1		See Footnote ⁽²⁾	
Common Stock 05/26/202						23			G ⁽¹⁾		300,000	A	\$0.0	0	448,704		I		See Footnote ⁽²⁾		
			Tab	le II	- Derivativ (e.g., put							osed of, convertib				wne	d				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date			cution Date, y	4. Transaction Code (Instr 8)				Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		8. Pric Deriva Securi (Instr.	itive ity 5)	9. Numbe derivativ Securitie Beneficie Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ect (Instr. 4)		
						Code V (A) (D)				Expiration Date	-	of Shares									

Explanation of Responses:

1. On May 26, 2023, 300,000 shares of the Issuer's Common Stock were transferred from the Adrian H. Gottschalk Living Trust dated September 8, 2009 to the Adrian H. Gottschalk 2023 Grantor Retained Annuity Trust dated May 26, 2023. This was a bona fide gift with no payment in consideration.

2. Consists of 300,000 shares held by the Adrian H. Gottschalk 2023 Grantor Retained Annuity Trust dated May 26, 2023, of which the Reporting Person is the trustee and sole current beneficiary, 110,690 shares held by the Adrian H. Gottschalk 2021 Grantor Retained Annuity Trust dated November 29, 2021, of which the Reporting Person is the trustee and sole current beneficiary, and 38,014 shares held by the Adrian H. Gottschalk Living Trust dated September 8, 2009, of which the Reporting Person is the trustee.

Remarks:

/s /Allan Reine, M.D.,

Attorney-in-Fact for Adrian 05/31/2023

Gottschalk

** 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.