Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | C. | 20549 |
|----------------|----|-------|
|----------------|----|-------|

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | | | | - 01 | 1 Sect | 1011 30(11) | OI LITE | HIVE | estment C | Ullipally . | 101 0 | 1940 | | | | | | | | | |
|--|---|--|--|---------|---|---|--|--------------|-------------|--|-----------------|------------------------|--|---|---|---|--|---|--|---------------------------------------|--|--|
| Name and Address of Reporting Person* Koppel Adam | | | | | 2. Issuer Name and Ticker or Trading Symbol Foghorn Therapeutics Inc. [FHTX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | - | = ±0 | | | | | | | | | | Directo | r 1/ | | 10% Ow | ner | | |
| (Last) (First) (Middle) 500 TECHNOLOGY SQUARE STE 700 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/13/2021 | | | | | | | | | | Officer below) | Officer (give title below) | | Other (s below) | pecify | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | Ι, | X Form filed by One Reporting Person | | | | | | | |
| CAMBR | IDGE N | GE MA 02139 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (: | State) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Ta | ble I - Non | n-Deriv | ativ | e Se | ecuritie | s Ac | cqui | ired, Di | spose | d of | f, or Bei | nefici | ally | Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | | ed (A) o tr. 3, 4 a | r and | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | [| Code V | Amou | ount (A | | Pric | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | | |
| | | | Table II - I | | | | | | | | | | or Bene le secu | | | Owned | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, Tr | ransa ode (| action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an of Securit Underlyin Derivative (Instr. 3 an | ies g Secur | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | | v | (A) | (D) | Date Exe | e ercisable | Expirat Date | on | Title | Amou or Numb of Share | oer | | | | | | | |
| Stock Option | \$9.4 | 07/13/2021 | | | A | | 12.530 | | 07/1 | 13/2022 ⁽¹⁾ | 07/12/2 | 031 | Common | 12.5 | 30 | \$0.00 | 12.530 | 0 | D | | | |

Explanation of Responses:

1. The options will vest in full on the first anniversary of the date of grant, subject to the director's continued service on our Board of Directors.

Remarks:

(right to buy)

> /s /Allan Reine, M.D., Attorney-in-Fact

Stock

07/14/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).