FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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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).

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

					- 0.		000()		TIVESTITICITI											
Name and Address of Reporting Person* Cole Douglas G.						2. Issuer Name and Ticker or Trading Symbol Foghorn Therapeutics Inc. [FHTX]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Cole Douglas G.														Directo	or		10% Ow	ner		
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/26/2024								Officer below)	(give title		Other (s below)	pecify		
` ′	'UNOLOG	*	` ,		\vdash									_						
500 TECHNOLOGY SQUARE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
STE 700															Form filed by One Reporting Person					
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(Street)															Persor		C triai	i One ixepoi	ung	
CAMBR	IDGE N	1A	02139		<u> </u>															
-					R	ule	10b5-	1(c)	Transa	acti	on Ind	ıcatio	n							
(City)	(9	State)	(Zip)			- 01-					-41				at transfer of		-1 *	-4:		
, , , , , , , , , , , , , , , , , , , ,							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.													
							-					. ,								
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Acc	quired,	Disp	osed o	f, or B	ene	ficially	Owned					
1. Title of	Security (Ins	str. 3)		2. Trans	action				3. 4. Securit						5. Amou				7. Nature	
Date (Month/D					Day/Ye	eay/Year) Execution Date if any (Month/Day/Yea		Date,	Code (Instr. 5)		d Of (D) (I	nstr. 3	3, 4 and	Securitie Beneficia	ally (D) of ollowing (I) (II		or Indirect Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
					•			y/Year						Owned F						
									Code	v	Amount	(A) (D)	or	Price	Transact	ion(s)			iiisti. 4)	
									Jour	_	Amount	(D)		11100	(Instr. 3	str. 3 and 4)				
		-	Table II -												Owned					
				(e.g., p	uts,	call	s, warr	ants,	, option	s, c	onvertil	ble sec	urit	ies)						
1. Title of	2.	3. Transaction							6. Date Exercisable and 7. Title and Amo			mount	8. Price of	9. Number of		10.	11. Nature			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					Transa Code (Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Form:	of Indirect Beneficial			
(Instr. 3) Price of (Month/Day/Year)						Securities Derivative Sec Acquired (Instr. 3 and 4)						(Instr. 5)	Beneficially Owned Following			Ownership (Instr. 4)				
Security (A)								(A) or								"		(111511.4)		
						Disposed of (D) (Instr.										Reported Transaction(s)				
						3, 4 and 5)								(Instr. 4)						
			[Aı	mount						
													or Ni	umber						
						l.,	 		Date		xpiration		of							
				- 10	Code	٧	(A)	(D)	Exercisabl	e L	ate	Title	SI	nares						
Stock																				
Options (Right to	\$5.52	06/26/2024			Α		16,000		06/26/202	5 0	6/25/2034	Commo	" 1e	6,000	\$5.52	16,000	0	D	1	

Explanation of Responses:

Remarks:

/s /Tara Maduri, Attorney-in-Fact for Douglas G. Cole

06/28/2024

** 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.