FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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

Name and Address of Reporting Person*     CHALMERS DEREK T					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Cara Therapeutics, Inc. [ CARA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CHALMERS DEREK I						-								X	Direc	ctor		10% O	wner		
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)								$\dashv$	X	Office belov	cer (give title ow)		Other (specify below)		
C/O CARA THERAPEUTICS, INC.					12/	12/27/2018									President & CEO						
4 STAMFORD PLAZA, 107 ELM ST, 9TH FLOOR																					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
STAMFORD CT 06902														X Form filed by One Reporting Person							
(City)	(91	ate) (	Zip)												Form filed by More than One Reporting Person					orung	
(City)	(5)	.aie) (	<u></u>																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Day/Year)   Exe		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	urities Acquired (A) sed Of (D) (Instr. 3, 4			4 and Sec Ben		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)		Price	Transact		action(s)			()		
Common Stock 12					7/2018				A		38,221	(1) A \$		\$0.	0.00 1,009,613		009,613	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. 3. Transaction Date (Month/Day/Year) Frice of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Date,	Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price o Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res							

## **Explanation of Responses:**

1. Represents the vesting in full of a performance-based restricted stock unit award based on the Issuer's satisfaction of certain performance criteria. In light of the performance-based vesting conditions of the award, such award was not reportable under Section 16 until vesting was determined, which occurred on December 27, 2018. Each restricted stock unit represented the contingent right to receive one share of common stock of the Issuer.

## Remarks:

/s/Darren DeStefano, Attorneyin-Fact 12/31/2018

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.