FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
l	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).

## Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

									. 1 7							
1. Name and Address of Reporting Person* <u>CHALMERS DEREK T</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Cara Therapeutics, Inc. [ CARA ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										X Director		10% Owner		ner		
(1 aat)	/5	:vot)	(Middle)		Data	of Fauliant	T	antina (Manth	2/Day (Va as)			X Officer below)	(give title		Other (sp	pecify
(Last) (First) (Middle) C/O CARA THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019							President & CEO				
													Trebraem	CC CL		
4 STAM	FORD PLA	ZA, 107 ELM S	T, 9TH FLOOI													
(Street)			—   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
STAMFORD CT 06902											X Form filed by One Reporting Person					
												Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)													
		Та	ble I - Non-De	erivati	ve Se	ecurities	s Ac	quired, D	isposed c	of, or Be	neficiall	y Owned				
Date					2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.			ed (A) or str. 3, 4 and	Beneficia Owned F	Form (D) o ollowing (I) (In	orm: Di	n: Direct I r Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)
			Table II - Der (e.g					uired, Dis s, options,	•	•	•	Owned				
1. Title of 2. 2. 3. Transaction 2. 2. Derivative Conversion Security or Exercise (Month/Day/Year) if any		Execution Date,	Transaction Code (Instr. S) 8) A		5. Number of 6 Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Employee Stock Option (Right to	\$16.1	03/06/2019		A		235,000		(1)	03/06/2029	Common Stock	235,000	\$0.00	235,000		D	

## **Explanation of Responses:**

1. The shares shall vest and become exercisable in a series of 48 successive equal monthly installments beginning on April 6, 2019, in each case subject to the Reporting Person's Continuous service (as that term is defined in the Issuer's 2014 Equity Incentive Plan) as of each such date.

## Remarks:

/s/Darren DeStefano, Attorney-

in-Fact

03/08/2019

\*\* 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.