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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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

					UI S	Section	1 30(11)	oi tile	IIVESUIIE	iii CC	ilipally Act	01 194	,									
1. Name and Address of Reporting Person* <u>CHALMERS DEREK T</u>						2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
															X	X Director		10% Owner		wner		
(1+)	(Fi		(Middle)			-46	Eii	. T		4 41-	/D D/)			_	X	Office	er (give title		Other (specify		
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2019										belov	President & CEO									
		PEUTICS, INC.			100	01/20	,15										1 resider	ii & CLC				
4 STAMFORD PLAZA, 107 ELM ST, 9TH FLOOR																						
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person							
STAMFORD CT 06902																•	by More than One Reporting					
																Pers			-			
(City)	(St	ate) ((Zip)																			
		Tab	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or	Ben	eficia	ally C	Owne	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Exe y/Year) if ar		a. Deemed ecution Date, any lonth/Day/Year)		Transaction Disposed (es Acquired (A) o Of (D) (Instr. 3, 4			and 5) 5		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price		Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common Stock 10/01/2					2019				S ⁽¹⁾		10,000 I		5	\$18.2	28 ⁽²⁾ S		33,468	D				
		Ta	able II -								osed of,				y Ov	/ned			,			
				(e.g., pu	ıts, c	alls,	warr	ants,	optio	ns, c	onvertib	le se	cur	ities)								
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable Expiration Date (Month/Day/Year)		te	and 7. Title and Amount of Securities Underlying Derivative Security (In: and 4)		,	Deriv Secu	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	(D) rect	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	nount mber ares								

Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 23, 2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.19 to \$18.535, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

Remarks:

/s/Darren DeStefano, Attorney-10/03/2019 in-Fact

** 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.