SEC Form 4																		
FORM 4 UNITE				STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL		
Section obligat	this box if no lo n 16. Form 4 or ions may contin tion 1(b).	ed purs	A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number:     3235-0287       Estimated average burden        hours per response:     0.5					
1. Name and Address of Reporting Person* <u>Goncalves Joana</u> (Last) (First) (Middle) C/O CARA THERAPEUTICS, INC.					3. [	2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [ CARA ] 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2021								. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer			ner	
4 STAMFORD PLAZA, 107 ELM STREET, 9 (Street) STAMFORD CT 06902 (City) (State) (Zip)				TH FL	4.1	Line)									oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting			
		Tab	le I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or B	eneficia	lly Owned		4	1	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)   I	2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		red (A) or str. 3, 4 and	Benefici	es Form ally (D) o Following (I) (Ir d tion(s)		r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount (A) (D)		or Price	Transac (Instr. 3				insti. 4)
Common Stock 03/30					)/202	2021			Α		16,000	O <sup>(1)</sup> A \$		0 46	46,610		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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemer Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		ur) of Secur Underlyi		ng re Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$20.59	03/30/2021			A		32,000		(2)	(	03/30/2031	Common Stock	32,000	\$0.00	32,00	0	D	

Explanation of Responses:

1. Represents the number of shares underlying restricted stock units ("RSUs"). Each RSU represents the contingent right to receive one share of common stock of the Issuer. The RSUs vest in three equal annual installments on each of March 30, 2022, March 30, 2023 and March 30, 2024, in each case, subject to the Reporting Person's continued service (as that term is defined in the Issuer's 2014 Equity Incentive Plan) as of each such date.

2. The shares shall vest and become exercisable in a series of 48 successive equal monthly installments beginning on April 30,2021, in each case subject to the Reporting Person's continued service as of each such date.

## Remarks:

/s/ Darren DeStefano, Attorney-04/01/2021

```
<u>in-Fact</u>
```

\*\* 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.