Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

C Deletionship of Deporting December (a) to Jacus

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. Name and Address of Reporting Person Schoell Josef               |   |  |  |        |  | Cara Therapeutics, Inc. [ CARA ]                            |   |        |              |   |     |  |   |                |          | ck all applic   | call applicable)  Director  Officer (give title  |   | 10% Ov<br>Other (s   | ner  |
|---|---|--|--|--------|--|---|---|--------|--------------|---|-----|--|---|----------------|----------|---|--|---|--|--|
| (Last) (First) (Middle) C/O CARA THERAPEUTICS, INC. 1 PARROTT DRIVE |   |  |  |        |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2014 |   |        |              |   |     |  |   |                |          | below)  |  | ncial   | below)   |  |
| (Street) SHELTON CT 06484  (City) (State) (Zip)                     |   |  |  | _   4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |        |              |   |     |  |   |                | Form f   | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |   |  |  |
|   |   | Tab  | le I - Non   | -Deriv | vativ  | e Se  | curit   | ies Ac | quir         | red, D  | isp | osed o   | f, or B   | enef           | ficially | / Owned   | <u> </u>   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D:           |   |  |  |        | saction  | n<br>ear)   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        |              | 3.<br>Transaction<br>Code (Instr.                             |     | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3,<br>5) |   |                | (A) or   | 5. Amou<br>Securitie<br>Benefici  | nt of<br>es<br>ally<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|   |   |  |  |        |  |   |   |        | C            | ode V   | ,   | Amount   | (A)<br>(D)  | or             | Price    | Transaction(s)<br>(Instr. 3 and 4)  |  |   |  | (30. 4)  |
| Common Stock 08/14/   |   |  |  |        |  |   | 2014  |        |              | M   |     | 40,000 A S   |   | \$0.25         | 40       | 40,000  |  | D   |  |  |
|   |   | -  | Table II - I<br>(                                  |        |  |   |   |        |              |   |     | sed of,<br>onvertil  |   |                |          | Owned   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution D<br>if any<br>(Month/Day/ | Date,  | Code (Inst   |   | n of i  |        |              | 5. Date Exercisable and<br>Expiration Date<br>Month/Day/Year) |     |  | 7. Title and Amou<br>of Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |                |          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>S<br>Illy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  |        | Code   | v   | (A)   | (D)    | Date<br>Exer | e<br>rcisable   |     | xpiration<br>ate   | Title   | or<br>Nu<br>of | umber    |   |  |   |  |  |
| Employee<br>Stock<br>Option<br>(Right to                            | \$0.25  | 08/14/2014                                 |  |        | М  |   |   | 40,000 |              | (1)   | 07  | 7/11/2015  | Common  | 40             | 0,000    | \$0.00  | 0  |   | D  |  |

## **Explanation of Responses:**

1. Immediately exercisable.

## Remarks:

/s/Josef Schoell

08/14/2014

\*\* 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.