| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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|--------------------------|-----|
| Estimated average burden | |

| Ives Jeffrey L. (Last) (First) (Middle) C/O CARA THERAPEUTICS, INC., 4 STAMFORD PLAZA, 107 ELM STREET | | Person* | 2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------|------------|--|-------------------|--|-----------------------|--|--|--|--|
| | | | | X | Director | 10% Owner | | | | |
| | | S, INC., | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020 | | Officer (give title below) | Other (specify below) | | | | |
| | | ELM STREET | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fili | ıg (Check Applicable | | | | |
| (Street) | | | | X | Form filed by One Re | porting Person | | | | |
| STAMFORD | CT | 06902 | _ | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 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) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 01/02/2020 | | M ⁽¹⁾ | | 2,500 | Α | \$9.94 | 8,500 | D | |
| Common Stock | 01/02/2020 | | S ⁽¹⁾ | | 2,500 | D | \$16.13 | 6,000 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Secu Acq (A) o Disp of (E | oosed D) tr. 3, 4 | 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |
| Stock Option (Right to Buy) | \$9.94 | 01/02/2020 | | M ⁽¹⁾ | | | 2,500 | (2) | 06/08/2025 | Common Stock | 2,500 | \$0.00 | 11,000 | D | |

Explanation of Responses:

1. This exercise and subsequent sale was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on March 15, 2019.

2. Immediately exercisable.

Remarks:

/s/Darren DeStefano, Attorney-01/06/2020

<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.

 \ast 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.