FORM 4

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

Washington, D.C. 20549

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	e: 0.5						

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

1. Name and Address of Reporting Person*  Posner Christopher					2. Issuer Name and Ticker or Trading Symbol <u>Cara Therapeutics, Inc.</u> [ CARA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last)	(Fii	rst) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 08/03/2023								X	X Officer (give title below)						
4 STAMFORD PLAZA, 107 ELM STREET, 9TH FL				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person								
(Street) STAMFORD CT 06902												Form filed by More than One Reporting Person					orting			
(City)	(St	ate) (Z	<u>Z</u> ip)		Rule 10b5-1(c) Transaction Indication  X Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). S							irsuant to								
		Table	l - No	n-Deriva	tive Se	ecur	ities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Date		ate,	Transaction Disposed (Code (Instr. 5)			ies Acquired (A Of (D) (Instr. 3,				cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o	Price	Repor Trans (Instr.		rted action(s) 3 and 4)					
Common Stock 08/03/20					023				S <sup>(1)</sup>		4,307	D	\$3.0	)7 <sup>(2)</sup> 168,		68,207		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)	ative Conversion Date Execution Date, if any		4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed )	Expiratio (Month/D				nt of ties lying tive			tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. This sale was effected pursuant to a "sell to cover" arrangement adopted by the Reporting Person on November 2, 2022 in accordance with Rule 10b5-1 to satisfy the tax withholding obligations triggered by the vesting of restricted stock units and does not represent a discretionary trade by the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.07 to \$3.09, 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 to this Form 4.

## Remarks:

/s/Darren DeStefano, Attorney-in-Fact

08/04/2023

\*\* 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.