FORM 4

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

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

Washington,	D.C.	20549
vacinington,	D.O.	_00.0

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nue. See		Filed							es Exchange npany Act of		1934		hours	s per response		0.5
Name and Address of Reporting Person*     Goncalves Joana					2. Issuer Name and Ticker or Trading Symbol <u>Cara Therapeutics, Inc.</u> [ CARA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last) (First) (Middle) C/O CARA THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024								X Office below	ner (sp ow) CER	,		
400 ATLANTIC STREET, SUITE 500					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) STAMFORD CT 06901														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Non	ı-Deriva							oosed of,				ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date			Date,	Transaction Disp Code (Instr. 5)		4. Securitie Disposed C 5)			and Securi Benefi Owned	icially d Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t of ct Be	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) o (D)	Price	Repor Transa (Instr.	ted action(s) 3 and 4)			nstr. 4)			
Common Stock 02/08/					/2023		S <sup>(1)</sup>		7,770	D	\$0.	53 5	59,411					
		Tal									osed of, o				d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction of Ocde (Instr. 8) Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)		vative crities cired r osed )	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)		Owner Form: Direct or Indi (I) (Ins	ship (D) rect	Beneficial Ownership (Instr. 4)		
											or Number							

## **Explanation of Responses:**

1. This sale was effected pursuant to a "sell to cover" arrangement adopted by the Reporting Person on March 12, 2020 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.

/s/ Darren DeStefano, 02/12/2024 Attorney-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.