Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average	burden								
-	houre per reenonee	. 0.5								

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* Menzaghi Frederique Ph.D.				2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]									k all app Direc	tor	ng Pers	10% Ov	vner		
(Last)	(Fii	rst) (MAPEUTICS, INC.	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 04/04/2023									X	belov	er (give title v) f Scientific	c Off,	Other (s below) SVP-R&	·
4 STAMFORD PLAZA, 107 ELM ST, 9TH FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line)	•						
(Street)	(Street) STAMFORD CT 06902													Form filed by More than One Reporting Person					
(City)						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-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution		ution [Date,	3. Transa Code (8)		4. Securitie Disposed C 5)		4 and Secur Benef Owne		cially I Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4)		ction(s)			(Instr. 4)								
Common Stock 04/04/2					/2023				S ⁽¹⁾		2,733	D	\$4	4.91 ⁽²⁾ 15		156,740		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, ity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of	ired r osed) : 3, 4	Expiration De (Month/Day/		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	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	Amour or Number of Shares	er					

Explanation of Responses:

- 1. This sale was effected pursuant to a "sell to cover" arrangement adopted by the Reporting Person 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 \$4.81 to \$4.91, 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

04/06/2023

** Signature of Reporting Person

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.