FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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	Check this box in no longer subject to	OTATEMENT OF OTTAINOLO IN DEINE TOTAL OWN
	Section 16. Form 4 or Form 5	
\cup	obligations may continue. See	
	Instruction 1(b).	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* BAINS HARRISON M JR					2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]							(Ch	Relationship neck all applic	cable) or	g Pers	10% Ov	vner		
	RA THERA	PEUTICS, INC				Date o		Trans	saction (M	onth/I	Day/Year)		Officer below)	(give title		Other (s below)	specify		
4 STAMFORD PLAZA, 107 ELM STREET, 9TH FL						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ORD C'	r	06902											X Form f	Form filed by One Reporting Person				
STAMFO	JKD C	1	00902											Form f Persor		re thar	n One Repo	rting	
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Execution Date,		Code (Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			Benefici	es Form ally (D) of following (I) (Ir		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	r Price	Transac	saction(s) : 3 and 4)			(111311. 4)	
Common Stock 06/03/				3/202	/2021 A 7,200 ⁽¹⁾ A S		\$0.0	0 20	20,400		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 Da if any (Month/Day/	Date,	4. Transa Code (1 8)		of		6. Date Exercisab Expiration Date (Month/Day/Year)		•	of Securities		8. Price of Derivative Security (Instr. 5)		Owi Ford Illy Dire or II (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal:		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$13.06	06/03/2021			A		10,800		(2)	(06/03/2031	Common Stock	10,800	\$0.00	10,80	0	D		

Explanation of Responses:

- 1. Represents the number of shares underlying restricted stock units ("RSUs") granted to the Reporting Person pursuant to the Issuer's non-employee director compensation policy. Each RSU represents the contingent right to receive one share of common stock of the Issuer. The RSUs vest on the earlier of (i) June 3, 2022 and (ii) immediately prior to the Issuer's next annual meeting of stockholders following the grant date, in each case, subject to the Reporting Person's continued service as a director through such date.
- 2. This option was granted to the Reporting Person pursuant to the Issuer's non-employee director compensation policy. The shares underlying the option vest and become exercisable on the earlier of (i) June 3, 2022 and (ii) immediately prior to the Issuer's next annual meeting of stockholders following the grant date, in each case, subject to the Reporting Person's continued service as a director through such date.

Remarks:

/s/Darren DeStefano, Attorneyin-Fact

06/07/2021

** Signature of Reporting Person Date

and directly or indirectly

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.