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	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruc	tion 1(b).			Filed							ies Exchang mpany Act o		of 1934			lilouis	perie	эропэс. ———	0.5
1. Name and Address of Reporting Person* <u>Ives Jeffrey L.</u>					2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]									Check al		icable)	ng Person(s) to Iss		
(Last) (First) (Middle) C/O CARA THERAPEUTICS, INC., 4 STAMFORD PLAZA, 107 ELM STREET, 9TH					3. Date of Earliest Transaction (Month/Day/Year) 11/12/2021										Officer (give title below)			Other (below)	specify
FL FL					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ORD C	Γ 0	6902											F		filed by On filed by Mo n		J	
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially C	wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution		Oate,	3. Transaction Code (Instr. 8)		Disposed C	Securities Acquired (A sposed Of (D) (Instr. 3,		and Se Be Or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Price	, Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock 11/12/			2021	s 8,180 D \$		\$16	.04	7,200			D							
		Tal	ole II -								osed of, convertib				vnec	l			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ion Date,	on Date, Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Titl Amou Secur Under Deriva Secur 3 and	int of ities rlying ative ity (Instr.			9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	per					

Explanation of Responses:

Remarks:

/s/Darren DeStefano, Attorney-in-Fact

11/16/2021

** 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.