FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 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 ar Mohine		2. Issuer Name <b>and</b> Ticker or Trading Symbol Cara Therapeutics, Inc. [ CARA ]										l applio Directo	cable)	g Pers	son(s) to Iss 10% Ov Other (s	wner					
(Last)	,	irst) APEUTICS, INC		3. Date of Earliest Transaction (Month/Day/Year) 11/15/2018										below)			below)	. ,			
4 STAM	FORD PLA	AZA,107 ELM S	4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										ıal or	loint/Group	Filino	ı (Check An	nlicable			
(Street) STAMFORD CT 06902						T. II Americanions, Date of Original Filed (World#Day/Teal)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person      Form filed by More than One Reporting Person						
(City) (State) (Zip)																					
		Tak	ole I - Noi	n-Deriv	vativ	e Se	curit	ties Ac	quire	l, Di	sposed	of,	or Be	neficia	ly O	vned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securition Beneficition Owned I		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
					Cod	e v	Amou	nt	(A) or (D)	Price	Ti	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common	Stock	5/201	2018			M <sup>(1</sup>		16,0	)42	A	\$14.0	06	16,042		D						
Common	Stock	5/201	/2018			S <sup>(1)</sup>		16,0	16,042		\$18.	318.5		0		D					
		-	Table II -								oosed o				Ow!	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Inst 8)		of Deri Sec Acq (A) o Disp of (I	umber vative urities uired or oosed O) (Instr. and 5)	6. Date Expirat (Month		e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			Deri	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiratio Date		itle	Amount or Number of Shares							
Employee Stock Option (Right to	\$14.06	11/15/2018			M <sup>(1)</sup>			16,042	(2)		08/15/202	.7	Common Stock	16,042	\$(	0.00	352,91	.6	D		

## Explanation of Responses:

- 1. This exercise and corresponding sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on September 7, 2018.
- 2. One-fourth (1/4th) of the 385,000 shares subject to this option vested and became exercisable on August 15, 2018; the balance of the shares shall vest and become exercisable in a series of 36 successive equal monthly installments measured from August 15, 2018, subject to the reporting person's continuous service with the issuer as of each such date.

## Remarks:

/s/Darren DeStefano, Attorneyin-Fact 11/16/2018

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.