FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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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

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1. Name and Address of Reporting Person*  Posner Christopher  (Last) (First) (Middle)  C/O CARA THERAPEUTICS, INC.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Cara Therapeutics, Inc. [ CARA ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
						3. Date of Earliest Transaction (Month/Day/Year) 06/04/2019										Officer (give title below)		Other (below)	(specify	
4 STAMFORD PLAZA, 107 ELM STREET, 9TH FL				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ORD C	Т	06902											X		iled by Mo		orting Person One Repo		
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, or Be	nefic	ially	Owned	i				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Da					Execution Date			Transaction Dispos			ities Acquir d Of (D) (Ins		and Securitie Beneficia Owned F		es ally Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	mount (A) (D)		e	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 06/04					/2019				A		6,000 <sup>(1)</sup> A		\$0	.00	6,000			D		
		7	able II -									, or Ben ble seci			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. B)		ı of		6. Date Exercisa Expiration Date (Month/Day/Yea			Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s los	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	Code	v	(A)		Date Exercisab		xpiration ate	Title	Amou or Numb of Share	er						
Stock Option	\$20.44	06/04/2019			A		9,000		(2)	0	6/04/2029	Common	9,00	0	\$0.00	9,000	)	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 4, 2020 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 4, 2020 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:

Buy)

/s/ Darren DeStefano, Attorney-in-Fact 06/06/2019

\*\* 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.