FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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 and Address of Reporting Person*  Menzaghi Frederique Ph.D.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Cara Therapeutics, Inc. [ CARA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024									X Cl	below	Officer (give title below) HEF SCIENTIF		below)		
C/O CARA THERAPEUTICS, INC. 400 ATLANTIC STREET, SUITE 500						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) STAMF(	(Street) STAMFORD CT 06901													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					- 1	
(City) (State) (Zip)						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/Date)						Exec if any	Deemed ution [ / th/Day	Date,			es Acquired (A) Of (D) (Instr. 3, 4		and Securit Benefic Owned		ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pric			ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 02/01/2						2024					13,500(1)	) A	. 9	\$0		167,247		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)	if any	emed on Date, (Day/Year)	Code ( 8)	Transaction Code (Instr.		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)  Date Exp Exercisable Date		and 7. Title Amour Securit Underl Derivat Securit 3 and 4		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Represents the number of shares that vested under a performance-based restricted stock unit award (the "Award") granted on March 1, 2023 based on the Issuer's satisfaction of certain performance criteria of the Award. In light of the performance-based vesting conditions of the Award, such shares were not reportable under Section 16 until vesting was determined. On February 1, 2024, the Compensation Committee of the Issuer's Board of Directors certified a 50% level of achievement against the Award's performance goals.

> /s/ Darren DeStefano, Attorney-in-Fact

02/05/2024

\*\* 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.