Edgar Filing: Cara Therapeutics, Inc. - Form 4

Cara Therape	eutics, Inc.											
Form 4												
January 27, 2	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISS								OMB AF	OMB APPROVAL			
	UNITEL) STATES				ND EX D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi										Expires:	January 31	
if no long subject to		MENT O	F CHAN	GES 1	GES IN BENEFICIAL OWNERSHI					Estimated a	2005 Werage	
Section 1				SEC	SECURITIES					burden hours per		
Form 4 o	or								response 0			
Form 5 obligation	nc *							•	e Act of 1934,			
may cont				•		•	· ·		f 1935 or Section	1		
<i>See</i> Instru 1(b).		30(h)) of the In	vestme	ent	Compan	y Ac	t of 194	10			
(Print or Type F	Responses)											
Lewis Michael E Symb				2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
				Cara Therapeutics, Inc. [CARA]					(Chaol	all applicable	.)	
(Last)	(First)	(Middle)	3. Date of	f Earlies	t Tra	ansaction			(Chech	c all applicable	;)	
				n/Day/Year)					Director 10% Owner			
				/26/2016					X_ Officer (give title Other (specify below) below)			
INC., 1 PAF	RROTT DRIVE	,							/	cientific Advis	or	
	(Street)		4 If Ame	ndment	Dat	te Origina	1		6 Individual or Io	int/Groun Filir	or (Check	
· · · · · · · · · · · · · · · · · · ·				. If Amendment, Date Original iled(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
T nou(n					,				_X_ Form filed by One Reporting Person			
SHELTON,	CT 06434								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.		4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year		on Date, if		actio	(A) or Di			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 5)		-	any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Owned	< / // // // // // // // // // // // //	Ownership	
									Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(a)			
							or		Transaction(s) (Instr. 3 and 4)			
C				Code	V	Amount	(D)	Price	((((((
Common Stock	01/26/2016			S <u>(1)</u>		7,262	D	\$ 10.93	314,988	D		

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

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 control number.

 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 Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
IB	Director	10% Owner	Officer	Other				
Lewis Michael E C/O CARA THERAPEUTICS, INC. 1 PARROTT DRIVE SHELTON, CT 06434			Chief Scientific Advisor					
Signatures								
/s/Darren DeStefano, Attorney-in-Fact	01/2	27/2016						
**Signature of Reporting Person]	Date						
Explanation of Responses:								

Explanation of Responses:

* 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).

(1) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on December 14, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.