Cara Therapeutics, Inc. Form 3 December 03, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Stauffer Joseph William			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]				
(Last)	(First)	(Middle)	12/01/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O CARA THERAPEUTICS, INC.,, ONE PARROTT DRIVE (Street)				(Check all applicable) Director 10% Own X Officer Other (give title below) (specify below) Chief Medical Officer		ow)	er 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
SHELTON,Â	CTÂ 064	84					Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - 1	Non-Derivat	ive Securiti	es Bei	neficially Owned	
1.Title of Securit (Instr. 4)	у		2. Amount o Beneficially (Instr. 4)	of Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-	
Common Stoc	2k		0		D	Â		
Reminder: Repor owned directly or	indirectly. Person informa require	s who resp ation conta d to respo	ch class of securities benefic cond to the collection of ained in this form are no nd unless the form disp MB control number.	r t	EC 1473 (7-02)		
Ta	ble II - Deri	vative Secu	rities Beneficially Owned (e.g., puts, calls,	warrants, opt	ions, co	onvertible securities)	

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date Exercisable	Expiration Date	Title	Amount or Number of	Security	Direct (D) or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Stauffer Joseph William C/O CARA THERAPEUTICS, INC., ONE PARROTT DRIVE SHELTON, CT 06484	Â	Â	Chief Medical Officer	Â		
Signatures						
/s/Darren DeStefano, Attorney-in-Fact	12/03/2014					
**Signature of Reporting Person	Date					
Explanation of Responses:						

Explanation of nesponses.

If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

Exhibit List - Exhibit 24 - Power of Attorney

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.