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CHALMERS DEREK T

Form 4												
September 0												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number: Expires:	PROVAL 3235-0287 January 31,			
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires.2STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESEstimated average burden hours per response2Statement of 1000 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19402									•			
(Print or Type I	Responses)											
			2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]					5. Relationship of Reporting Person(s) to Issuer				
(Last) C/O CARA INC., 4 STA ELM ST, 97	3. Date of Earliest Transaction (Month/Day/Year) 09/04/2018					(Check all applicable) X Director 10% Owner X Officer (give title 0ther (specify below) President & CEO						
				Amendment, Date Original (Month/Day/Year)				 6. 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)	Tabl	e I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		n Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti n(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/04/2018			S <u>(1)</u>		D	\$ 19.71 (2)	1,031,392	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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Repo	rting O	wners	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owner Name / Address	Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Oth			
CHALMERS DEREK T C/O CARA THERAPEUTICS, INC. 4 STAMFORD PLAZA, 107 ELM ST, 9TH STAMFORD, CT 06902	FLOOR	Х		President & CEO				
Signatures								
/s/Darren DeStefano, Attorney-in-Fact	09/06/2018							

**Signature of Reporting Person

Date **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 June 14, 2018.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.30 - \$20.17, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the

(2) Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

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.

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