## Edgar Filing: Cara Therapeutics, Inc. - Form 4

Cara Therape	eutics, Inc.										
Form 4											
August 19, 20	015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31	
if no longer subject to Section 16. Form 4 or				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 0.		
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed purs s Section 17(a	) of the 1	Public Ut		ling Com	ipany	Act of	ge Act of 1934, f 1935 or Section 40	·	0.0	
(Print or Type R	esponses)										
Schoell Josef Symbol				Name and			-	5. Relationship of Reporting Person(s) to Issuer			
			Cara Th	erapeutics	s, Inc. [C	ARA	7]	(Chec	k all applicable	e)	
(Last)	(First) (M	liddle)	3. Date of	Earliest Tra	ansaction					·	
C/O CARA THERAPEUTICS, 08/18/2 INC., 1 PARROTT DRIVE				•				Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer			
Filed(Mo			4. If Amer	ndment, Dat	te Original			6. Individual or Joint/Group Filing(Check			
				th/Day/Year)	-			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SHELTON,	CT 06484							Person		porting	
(City)	(State) (	Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			d of	SecuritiesIBeneficially(i)OwnedIFollowing(i)ReportedTransaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Stock	08/18/2015			Р	3,000	А	22.1 (1)	28,000	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
in porting of the round for	Director	10% Owner	Officer	Other					
Schoell Josef C/O CARA THERAPEUT 1 PARROTT DRIVE SHELTON, CT 06484	ICS, INC.			Chief Financial Officer					
Signatures									
/s/Josef Schoell	08/19/201	5							
<u>**</u> Signature of	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) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$22.05 - \$22.12, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) 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.

Reporting Person