## Edgar Filing: CHALMERS DEREK T - Form 4

CHALMERS DEREK T

Form 4 November 02	2018										
FORM	4 UNITE	) STATES		RITIES A shington,			NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed p Section 1	STATEMENT OF CHANGES IN 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								Lanuary 31, 2005Estimated average burden hours per response0.5	
(Print or Type R	Responses)										
CHALMERS DEREK T Sy			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]				5. Relationship of Reporting Person(s) to Issuer			
			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2018					(Check all applicable) X_ Director 10% Owner X_ Officer (give title Other (specify below) Delow) President & CEO			
				nendment, Date Original ſonth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea		n Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D) 5) Price	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	11/01/2018			S <u>(1)</u>	20,000	D	\$ 18.78 (2)	991,392	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. Transactio Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr	
Dene	utin a O		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
T. S.	Director	10% Owner	Officer	Other			
CHALMERS DEREK T C/O CARA THERAPEUTICS, INC. 4 STAMFORD PLAZA, 107 ELM ST, 9TH FI STAMFORD, CT 06902	LOOR X		President & CEO				
Signatures							
/s/Darren DeStefano, Attorney-in-Fact	/02/2018						

\*\*Signature of Reporting Person

## **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.

Date

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.53 - \$18.95, 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.