Edgar Filing: Cara Therapeutics, Inc. - Form 4

Cara Therapeutic	s, Inc.										
Form 4											
January 31, 2014											
FORM 4	SECU	DITIES A	ND EV			ΛT	PPROVAL				
Washington, D.C. 20549							Number:	3235-0287			
Check this box if no longer					Expires:	January 31, 2005					
subject to Section 16. Form 4 or	AENT OI	F CHAN	NGES IN SECUF	Estimated burden hou	Estimated average burden hours per response 0.5						
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> Lewis Michael E			2. Issuer Name and Ticker or Trading Symbol Cara Therapeutics, Inc. [CARA]				5. Relationship of Reporting Person(s) to Issuer				
			nerapeun	28, mc. [0		(Check all applicable)					
(Last) (First) (Middle) C/O CARA THERAPEUTICS, INC., 1 PARROTT DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 01/30/2014				Director 10% Owner X Officer (give title Other (specify below) below) Chief Scientific Advisor				
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
SHELTON, CT		Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Stata)	(Zin)									
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Date)		Date, if TransactionAcquired (A) or Code Disposed of (D)			(A) or of (D) 4 and 5) (A)	Securities Beneficially Owned Following Reported Transaction(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)				
Reminder: Report or	n a separate line	e for each cla	ass of sec	urities benef	ficially own	ned directly	or indirectly.				
					inforn requir	nation cont red to responses ays a curren	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3) Price of Derivative Security		(Month/	Day/Year)	(Instr. 8)	0 (1	Acquired or Dispose D)	ed of					
							Instr. 3, 4 and 5)	,				
					Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option	\$ 11	01/30/2014			A	4	40,000		<u>(1)</u>	01/30/2024	Common Stock	40,000
(Right to Buy)											5 to th	
Reporting Owners												
Reporting Owner Name / Address				Relat	Relationships							
		Director	10% Own	er Offic	Officer Other							
C/O CARA 1 PARROT	Lewis Michael E C/O CARA THERAPEUTICS, INC. 1 PARROTT DRIVE SHELTON, CT 06434				Chief Scientific Advisor							
Signat	ures											
/s/Darren DeStefano, Attorney-in-Fact		01/3	51/2014									
**Signature of Reporting Person		I										

**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).

One-fourth (1/4th) of the shares shall vest and become exercisable on January 30, 2015; the balance of the shares shall vest and become
 (1) exercisable in a series of 36 successive equal monthly installments measured from January 30, 2015, subject to the reporting person's continuous service with the issuer as of each such date.

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.