

Cara Therapeutics, Inc.
Form 3
January 30, 2014

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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**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

(Print or Type Responses)

1. Name and Address of Reporting
Person *

Â Schoell Josef

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

01/30/2014

3. Issuer Name **and** Ticker or Trading Symbol
Cara Therapeutics, Inc. [CARA]

4. Relationship of Reporting
Person(s) to Issuer

5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

____ Director ____ 10% Owner
X Officer ____ Other
(give title below) (specify below)
Chief Financial Officer

6. Individual or Joint/Group
Filing(Check Applicable Line)
X Form filed by One Reporting
Person
____ Form filed by More than One
Reporting Person

C/O CARA THERAPEUTICS,
INC.,Â 1 PARROTT DRIVE

(Street)

SHELTON,Â CTÂ 06484

(City)

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities
Beneficially Owned
(Instr. 4)

3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)

4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

Common Stock

0

D

Â

Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

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information contained in this form are not
required to respond unless the form displays a
currently valid OMB control number.**

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

1. Title of Derivative Security
(Instr. 4)

2. Date Exercisable and
Expiration Date
(Month/Day/Year)

3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)
Title

4. Conversion
or Exercise
Price of
Derivative
Security

5. Ownership
Form of
Derivative
Security:
Direct (D)

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

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| | Date Exercisable | Expiration Date | | Amount or Number of Shares | | or Indirect (I) (Instr. 5) | |
|---|---------------------|--------------------|-----------------|----------------------------------|---------|----------------------------------|---|
| Employee Stock Option (Right to Buy) | Â (1) | 07/11/2015 | Common Stock | 40,000 | \$ 0.25 | D | Â |
| Employee Stock Option (Right to Buy) | Â (1) | 09/29/2016 | Common Stock | 8,000 | \$ 0.78 | D | Â |
| Employee Stock Option (Right to Buy) | Â (1) | 11/07/2017 | Common Stock | 12,000 | \$ 2.48 | D | Â |
| Employee Stock Option (Right to Buy) | Â (1) | 08/14/2018 | Common Stock | 4,000 | \$ 2.25 | D | Â |
| Employee Stock Option (Right to Buy) | Â (2) | 09/08/2021 | Common Stock | 10,000 | \$ 0.85 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Schoell Josef C/O CARA THERAPEUTICS, INC. 1 PARROTT DRIVE SHELTON,Â CTÂ 06484 | Â | Â | Â Chief Financial Officer | Â |

Signatures

/s/Darren DeStefano,
Attorney-in-Fact

01/30/2014

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

(1) Immediately exercisable.

(2) This option vests and becomes exercisable over a four-year period as follows: 25% of the shares underlying the option vested on September 8, 2012 with the remainder vesting in equal monthly installments over the following 36 months.

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Remarks:

ExhibitÂ ListÂ -Â ExhibitÂ 24Â -Â PowerÂ ofÂ 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.