Cara Therapeutics, Inc. Form 3

July 18, 2014

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 *

BAINS HARRISON M JR

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

07/16/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

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

(Street)

Cara Therapeutics, Inc. [CARA]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

X Director Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

4. Nature of Indirect Beneficial

Form filed by More than One Reporting Person

SHELTON, CTÂ 06484

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Beneficially Owned

(Instr. 4)

2. Amount of Securities

Ownership

(I)

Form: Direct (D) or Indirect

Table I - Non-Derivative Securities Beneficially Owned

(Instr. 5)

Ownership

(Instr. 5)

Â 0 Common Stock D

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

SEC 1473 (7-02)

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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)

Conversion or Exercise Price of

Ownership Form of Derivative Security:

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

Title

Derivative Security

Direct (D)

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Date Expiration Amount or or Indirect Exercisable Date Number of (I) Shares (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BAINS HARRISON M JR C/O CARA THERAPEUTICS, INC., 1 PARROTT DRIVE SHELTON, CTÂ 06484

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Signatures

/s/Darren DeStefano, Attorney-in-Fact 07/18/2014

**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).

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Remarks:

Exhibit List - Exhibit 24 - Power of 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.

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