

Cara Therapeutics, Inc.
Form 3
January 30, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

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 Moller Charles Ph.D.
(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
 Officer Other
(give title below) (specify below)

C/O DEVON PARK
BIOVENTURES,Â 1400
LIBERTY RIDGE DRIVE,
SUITE 103

(Street)

WAYNE,Â PAÂ 19087

(City) (State) (Zip)

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

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)

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

SEC 1473 (7-02)

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 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)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

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

Edgar Filing: Cara Therapeutics, Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Series C Preferred Stock	Â (1)	Â (1)	Common Stock	1,068,704	\$ (1)	I	By Devon Park Bioventures, L.P. (2)
Series D Preferred Stock	Â (3)	Â (3)	Common Stock	507,700	\$ (3)	I	By Devon Park Bioventures, L.P. (2)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Moller Charles Ph.D. C/O DEVON PARK BIOVENTURES 1400 LIBERTY RIDGE DRIVE, SUITE 103 WAYNE, PA 19087	Â X	Â	Â	Â

Signatures

/s/Darren DeStefano, Attorney-in-Fact
Date: 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) The Series C Preferred Stock will automatically convert on a 1-for-2.1129 basis into shares of common stock upon the closing of the issuer's initial public offering. The Series C Preferred Stock has no expiration date.
These shares are owned directly by Devon Park Bioventures, LP ("Devon Park"). The reporting person is a managing member of Devon Park Associates LLC, the general partner of Devon Park Associates, L.P., which is the general partner of Devon Park and, as such, shares voting and dispositive power over the shares held by Devon Park. The reporting person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein.
- (3) The Series D Preferred Stock will automatically convert on a 1-for-2.5 basis into shares of common stock upon the closing of the issuer's initial public offering. The Series D Preferred Stock has no expiration date.

Â
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.