FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	IΡ

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* LEFF JONATHAN S					Issuer Name and Ticker or Trading Symbol Larimar Therapeutics, Inc. [LRMR] Date of Earliest Transaction (Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LEFF JONALHAN 5												 ²	X Director			10% Owner	
(Last)	(F	irst)	(Middle)			05/09/2023							below)	fficer (give title Other (speedow) below)			bechy
C/O LARIMAR THERAPEUTICS, INC. THREE BALA PLAZA EAST, SUITE 506				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BALA PA 19004											Form filed by More than One Reporting Person						
CYNWY	'D 11	1	15004		Ru	Rule 10b5-1(c) Transaction Indication											
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 3, 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Beneficia Owned F	es ally Following	Form: D	n: Direct or Indirect 1str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	/ Amoun	t (A) (C)	Price	Reported Transaction(s) (Instr. 3 and 4)			(1	nstr. 4)	
	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)	3A. Deemed Execution D if any (Month/Day/	Date, 1	4. Transac Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)		y Di or (I)	D. wnership orm: irect (D) r Indirect) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right to Buy)	\$5.09	05/09/2023			A		8,300 ⁽¹⁾		(2)	05/09/2033	Common Stock	8,300(1)	\$0	8,300 ⁽¹)	D	

- 1. The Reporting Person, a partner in Deerfield Management Company, L.P., has no pecuniary interest in the securities reported herein and disclaims beneficial ownership of such securities. The Reporting Person holds the options for the benefit, and at the direction, of Deerfield Management Company, L.P.
- 2. The options vest on the earlier of (a) May 9, 2024 or (b) the date of the Company's next annual meeting of stockholders, in each case subject to the Reporting Person's continued service on the Board of Directors of the Company.

/s/ Jennifer Johansson, 05/11/2023 Attorney-in-fact

** Signature of Reporting Person

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.