FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549		
-------------	------	-------	--	--

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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

moude				1 1100	or Sec	tion 30(h)	of the	Investmen	Con	npany Act	t of 19	940	J-1					
Name and Address of Reporting Person*     Truitt Joseph				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Larimar Therapeutics, Inc. [ LRMR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
											_	X Direct	or		10% Ov	vner		
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2023							Office below	r (give title )		Other (s below)	specify			
C/O LAI	RIMAR TH	IERAPEUTICS,	INC.		4. If An	nendment	. Date	of Original	Filed	(Month/D	av/Ye	ear)	6. 1	ndividual or	Joint/Grou	n Filin	g (Check Ar	pplicable
THREE BALA PLAZA EAST, SUITE 506			4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	ine)  X Form filed by One Reporting Person								
(Street)															filed by Mo		n One Repo	
BALA CYNWY	/D P/	A	19004		Rule	10b5	-1(c	:) Trans	acti	ion Ind	dica	ıtion		. 0.00				
(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.													
		Tabl	e I - Nor	า-Deriva	ative S	ecuritie	s Ac	quired, I	Disp	osed o	of, o	r Ben	eficia	lly Owne	d			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)			Execution Date,		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefic Owned	ies Form cially (D) of Following (I) (II		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	:	(A) or (D)	Price		orted saction(s) : 3 and 4)			(Instr. 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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Date,		5. Number 6. ansaction of Derivative (N		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						- 1	1	I	1		1	IΔ	mount	I	I			1

## **Explanation of Responses:**

\$5.09

Stock Option

(Right to Buy)

1. 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.

Date Exercisable

(A)

8,300

(D)

/s/ Jennifer Johansson, Attorney-in-fact

Title

Stock

05/09/2033

05/11/2023

8,300

D

\*\* Signature of Reporting Person

or Number

of Shares

8,300

\$<mark>0</mark>

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).

05/09/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

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.