## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C.	20549	

STATEMENT OF	F CHANGES IN	BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person*     LEFF JONATHAN S			2. Issuer Name and Ticker or Trading Symbol Larimar Therapeutics, Inc. [ LRMR ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner								
													Λ		-: 4:41-			
(Last)	`	irst) ERAPEUTICS,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/29/2020							Officer (give title Other (specify below) below)				pecity		
		ZA EAST, SUI																
	Ditti ti ti	271 27131, 301	1 L 300	4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					4. II Amendment, Date of Original Filed (Month/Day/ real)							Line)						
BALA	D.	•	10004										X	Form file	ed by One	Repor	ting Person	
CYNWY	TD PA	A	19004									Form filed by More than One Reporting Person				ing		
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date		Transacti ate Ionth/Day	Execution Date,		Date,	Transaction Disposed Of (D) Code (Instr.		ties Acquir I Of (D) (Ins	es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficiall Owned Fol	,	Form:	Direct Indirect Itr. 4)	7. Nature of ndirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	Price	- 1	Reported Transactio (Instr. 3 an				Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion Date Security or Exercise (Month/Day/Year) 3A. Deemed Execution Date if any		3A. Deemed Execution Date,	4. Transa Code	action	5. Number of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ve S	. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisab		xpiration Oate	Title	Amount Number Shares			(Instr. 4)	(S)		
Stock Option (right to buy)	\$11.9	09/29/2020		A		16,600 <sup>(1)</sup>		(2)	0	07/16/2030	Common Stock	16,600	<b>)</b> (1)	\$0	16,600	<b>)</b> (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 option for the benefit, and at the direction, of Deerfield Management Company, L.P.
- 2. The Option was granted on July 16, 2020 subject to stockholder approval, which was obtained at the Company's special meeting of stockholders on September 29, 2020. The vesting commencement date for the option is July 16, 2020, and the option vests in equal monthly installments over 36 months, subject to the Reporting Person's continued service with the Issuer through each applicable vesting date.

/s/ Jennifer Johansson,

Attorney-in-fact

09/30/2020 \*\* Signature of Reporting Person Date

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.