FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| J , | | | |
|-----|--|--|--|
| | | | |
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* Hamilton Thomas Edward | | | | 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 | | | | | | |
|--|--|--|--|---|-------------------------------|---|--|--------|---|------|----------------------|---|--|---|---|-----------------|--|--|
| (Last) (First) (Middle) C/O LARIMAR THERAPEUTICS, INC. THREE BALA PLAZA EAST, SUITE 506 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022 | | | | | | | | | (give title | | Other (s below) | |
| (Street) BALA CYNWY | 'D PA | 1 | 19004 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature | | | | | | | | | | | | 7. Nature | | | | | | |
| Date | | | | Date | | | Execution Date, if any (Month/Day/Year | | e, Transaction Dispose Code (Instr. 5) | | Disposed | d Of (D) (Ins | str. 3, 4 and | Securitie Benefici | es ally Following | Form: (D) or | orm: Direct | of Indirect Beneficial Ownership |
| | | | | | | Code | / / | Amount | ount (A) or (D) | | Transac (Instr. 3 | ction(s) | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (I 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | Amount of | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | ٧ | (A) | (D) | Date Exercisable | Exp | oiration e | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$2.92 | 05/10/2022 | | | A | | 8,300 | | (1) | 05/1 | 10/2032 | Common Stock | 8,300 | \$0 | 8,300 | | D | |

Explanation of Responses:

1. The options vest on the earlier of (a) May 10, 2023 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,

05/10/2022

Attorney-in-fact

** 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.