FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
$\overline{}$	to Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  BEN-MAIMON CAROLE						2. Issuer Name and Ticker or Trading Symbol Larimar Therapeutics, Inc. [ LRMR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last)	.ast) (First) (Middle) C/O LARIMAR THERAPEUTICS, INC						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Office below	cer (give title bw) President and		Other (specify below)	
THREE BALA PLAZA EAST, SUITE 506  (Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
BALA CYNWYD PA 19004					Bulc	Dula 10hE 1(a) Transportion Indication									Form filed by More than One Reporting Person				orting
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  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.													
		Table	- No	n-Deriva	tive Se	ecur	rities	Acq	uired,	Dis	posed of	f, or l	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					/Year)	eemed ution Date, th/Day/Year)				ies Acquired (A Of (D) (Instr. 3,				cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		ice		ted action(s) 3 and 4)	-		
Common	2023			P		5,000	A \$		3.705	266,829		D							
		Tab		Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	vative rities nired r osed )	6. Date E Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Sei (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V (A)		(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares						

Explanation of Responses:

/s/ Jennifer Johansson,

05/18/2023

Attorney-in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.