Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | . 0.5 | | | | | | | | |

| | | | | | or Se | ection 3 | 30(h) of the I | nvestm | ent Co | mpany Act of | 1940 | | | | | | | |
|--|---|---------|--|---|--|----------|----------------|--|------------|--|------------------------|---|---|--|------------------------------|-----------|--|--|
| Name and Address of Reporting Person* Hamilton Thomas Edward | | | | 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) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | Officer (give title below) | | | Other (specify below) | | | |
| C/O LARIMAR THERAPEUTICS, INC. | | | | | 09/16/2022 | | | | | | | | | | | | | |
| THREE BALA PLAZA EAST, SUITE 506 | | | | | | | | | | | _ | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BALA | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| CYNWY | /D PA | . 1 | 9004 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Ž | ľip) | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities Acc | quired | l, Dis | posed of, | or Bei | nefici | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | Execution Date, | | | | Disposed Of | es Acquired (A) Of (D) (Instr. 3, 4 | | d Secu Bene | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | irect direct E | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | action(s) 3 and 4) | | (| (11150.4) | | |
| Common Stock | | | 09/16/20 |)/16/2022 | | | P | | 317,460(1) | ,460 ⁽¹⁾ A | | 15 5 | 507,590 | | | | | |
| Common Stock | | | | | | | | | | | | 1 | I | 5 | FA Life Sciences, Inc. | | | |
| | | Tal | ole II - | | | | | | | osed of, o | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | itle of 2. ivative Conversion Date Secution Date, urity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | 6. Date Exercisable and Expiration Date | | | 7. Title and Amount of Securities Sec | | 8. Price of Derivative Security (Instr. 5) | | Owr Fori Dire or Ir (I) (I | nership | 11. Nature of Indirect Beneficial Ownershij (Instr. 4) | | | | |

Explanation of Responses:

1. Represents shares of common stock purchased in the underwritten offering of Larimar Therapeutics, Inc. at the offering price, which closed on September 16, 2022.

and 5)

(A) (D) Date

Exercisable

/s/ Jennifer Johansson,

Title

Expiration Date

Attorney-in-fact

Amount or Number

** Signature of Reporting Person Date

09/20/2022

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).

Code

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.