SEC Form 4												
FORM 4 UNITED STA			TES SECURITIES AND EXCHANGE COM Washington, D.C. 20549							OMB APPRO	OVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATE	Filed pursuan	t to Section 16(a) of tion 30(h) of the In	of the Se	ecuriti	es Exchange A	.ct of 193		Esti	B Number: mated average burd rs per response:	3235-0287 en 0.5	
1. Name and Address of Reporting Person* Celano Michael			2. Issuer Name and Ticker or Trading Symbol Larimar Therapeutics, Inc. [LRMR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (N C/O LARIMAR THERAPEUTICS, IN		3. Date of Earliest Transaction (Month/Day/Year) 01/17/2024						X Officer (give title Other (speci below) below) Chief Financial Officer				
THREE BALA PLAZA EAST, SUITE 506			4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indiv Line)	-,			
(Street) BALA CYNWYD PA 1	9004				4'	;			Form filed by M Person	ore than One Repo	orting	
(City) (State) (Z	(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.									
Tabl	e I - Non-D	Derivative Se	ecurities Acq	uired,	Disp	oosed of, o	r Bene	ficially	Owned			
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) Code V		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 Amount (A) or E			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		01/17/2024		A	v	Amount 31,250 ⁽¹⁾	(D)	\$0.00	(Instr. 3 and 4) 143,996	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Number of 3A. Deemed 6. Date Exercisable and 7. Title and Amount 9. Number of 1. Title of 3. Transaction 4. Transaction Code (Instr. 8) 8. Price of 11. Nature 2. Conversion 10. 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Derivative Security (Instr. 3) of Securities Underlying Derivative Security of Indirect Beneficial Ownership Date Execution Date Expiration Date (Month/Day/Year) Derivative Ownership or Exercise Price of if any (Month/Day/Year) Security (Instr. 5) Form: Direct (D) (Month/Day/Year) Derivative or Indirect (I) (Instr. 4) (Instr. 3 and 4) (Instr. 4) Security Amount (Instr. 4) or Number Expiration Date Date Exercisable (D) v Title (A) of Shares Code Stock Option (Right to Commo 187,500 \$4.21 01/17/2024 187,500 (2) 01/17/2034 \$0.00 187,500 Α D Stock Buy)

Explanation of Responses:

1. Each share is represented by a restricted stock unit ("RSU"). Each RSU represents a contingent right to receive one share of the Issuer's Common Stock upon settlement.

2. The option vests 25% on January 17, 2025, with the remaining 75% vesting in equal monthly installments on the last day of each of the 36 calendar months immediately following such date, subject to the Reporting Person's continued service with the Issuer through the applicable vesting date.

<u>/s/ Jennifer Johansson,</u> Attorney-in-fact	01/19/2024		
** 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.