FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

shington, D.C. 20549

Wasnington, D.C. 20549	OMB APPF	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-

- 1		
	OMB Number:	3235-0287
	Estimated average t	ourden
	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

1. Name and Address of Reporting Person*  THOMAS FRANK E					Lar 3. Da	2. Issuer Name and Ticker or Trading Symbol     Larimar Therapeutics, Inc. [ LRMR ]      3. Date of Earliest Transaction (Month/Day/Year)								neck all X D	applio irecto	cable)	ıg Per	rson(s) to Is: 10% Ov Other (s below)	vner
(Last) (First) (Middle)						05/09/2023									JIOVV)			bclow)	
C/O LARIMAR THERAPEUTICS, INC. THREE BALA PLAZA EAST, SUITE 506				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person						
(Street) BALA												orm fi erson		e thai	n One Repo	orting			
CYNWYD PA 19004			Rul	Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)						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 - Noi	n-Deriv	ative S	Sec	uritie	s Ac	quired, D	isp	osed o	of, or Be	neficia	lly Ov	vnec	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			Transaction Dispose Code (Instr. 5)		curities Acquired (A sed Of (D) (Instr. 3,		3, 4 and Secu Bene Owne		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount (A) or (D)		Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)				
	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. Deem Executior if any (Month/Da	n Date,	4. Transacti Code (Ins 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.	tive ty	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Date Expiration c		Amount or Number of Shares											
Stock Option (Right to Buy)	\$5.09	05/09/2023			A		8,300		(1)	05/	09/2033	Common Stock	8,300	\$0		8,300		D	

1. The options vest on the earlier of (a) May 9, 2024 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, Attorney-in-fact

05/11/2023

\*\* Signature of Reporting Person

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.