FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 |
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| wasiiiigton, | D.C. | 20040 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| - 1 | | | | | | | | | | |
| - 1 | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | 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

| | | | | | - 01 | OCCI | 1011 00(11) | or tire | iiivesiiieii | . 001 | inpairly Act | 01 10-10 | | | | | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|-----------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|-----------------------------------------------------|---------------------|-------------------------|-----------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| Name and Address of Reporting Person* Fry Hannah | | | | | 2. Issuer Name and Ticker or Trading Symbol Protara Therapeutics, Inc. [TARA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) | ` | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2024 | | | | | | | | X Officer (give title Obelow) below) VP, Controller | | | | specify |
| 345 PARK AVENUE SOUTH, 3RD FLOOR | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW Y | ORK N | Y | 10010 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | Rı | 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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | e, Transaction Disposed C Code (Instr. 5) | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | Benefici Owned F | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 01/19 | | | | 9/202 |)/2024 | | A | | 8,000 | (1) A | \$0.0 | 0 30 | ,740 | | D | | | |
| Common Stock 01/19 | | | | 9/202 | 0/2024 | | | F | | 904 ⁽³⁾ | | \$1.9 | 1 29 | 29,836 | | D | | |
| | 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. Deemed Execution Da if any (Month/Day/\) | Date, Transac | | | | ve es ed ed nstr. | 6. Date Exercis Expiration Date (Month/Day/Ye | | of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$1.91 | 01/19/2024 | | | A | | 46,000 | | (2) | 0 | 01/18/2034 | Common Stock | 46,000 | \$0.00 | 46,000 | 0 | D | |

Explanation of Responses:

- 1. The shares being reported are being issued pursuant to restricted stock unit awards (RSUs), each of which represents a contingent right to receive one share of Issuer's common stock. The RSUs vest in equal one-third installments on the first, second and third anniversaries of January 19, 2024.
- 2. 25% of the shares vest on the one year anniversary of January 19, 2024 and 1/48th of the shares vest monthly thereafter over the next three years, subject to the Reporting Person's continuous service with the Issuer as of each such date.
- 3. Represents shares withheld by the Issuer to satisfy income tax obligations associated with the vesting of a Restricted Stock Unit Award granted to the Reporting Person on January 19, 2023.

Remarks:

/s/ Hannah Fry

01/23/2024

** 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.