FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Marshall Randall						2. Issuer Name and Ticker or Trading Symbol Protara Therapeutics, Inc. [ TARA ]									ationship k all app Direc	,	ng Pe X		
(Last) (First) (Middle) 6 CURVE STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2020									Office belov	er (give title v)		Other ( below)		
(Street) SHERBORN MA 01770  (City) (State) (Zip)					4. If <i>i</i>	Line) X F									Form Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					on	2A. De Execu if any			3. Transaction Code (Instr. 8)		4. Securities	Acquired (A) or (D) (Instr. 3, 4 and 5		r	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	•	Transa	ction(s) and 4)			(Instr. 4)
Common Stock 07/29/						)20			S		1,816	D	\$26	.03(1)	61	13,197		D	
Common Stock 07/29/2					)20				S		600	D	\$27	7.28 <sup>(2)</sup> 6		12,597		D	
Common Stock 07/29/20					)20				S		100	D	\$2	8.45	612,497			D	
Common Stock 07/30/20						)20			S		1,317	D	\$26	.14(3)	611,180			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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv	rative rities properties properti		te Exercisable and ration Date tth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	of Shares							

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$26.00 to \$26.35, inclusive. The reporting person undertakes to provide to Protara Therapeutics, Inc., any security holder of Protara Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1), (2) and (3) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$27.02 to \$27.83, inclusive.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$26.00 to \$26.525, inclusive.

John D. Chambliss, as Attorney-in-Fact

07/31/2020

\*\* 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.