FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
OMB Number:	3235-0362				
Estimated average burden					
hours per response:	1.0				

Form 3 Holdings Reported.

Name and Address of Reporting Person* Shefferman Jesse			2. Issuer Name and Ticker or Trading Symbol Protara Therapeutics, Inc. [TARA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)	(Fii OTARA TH			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021					X Director 10% Owner X Officer (give title below) Other (spec below) CEO and President				
(Street) NEW YO			.0010 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)					ine) X Forn Forn	,			
	`	Table	I - Non-Deriva						_				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	ecution Date, Transaction Code (Instr.	4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership		
			(monanday) reary		Amount	(A) or (D)	Price	Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock		06/29/2021		G	1,536	D	\$0.00	.00 870,889		D		
Common	Stock		06/29/2021		G	513	D	\$0.00	870),376	D		
		То	hle II - Derivat	ive Securities	S Acquire	d, Disposed	of, or I	Beneficia	ally Owne	d			
			(e.g., p	ıts, calls, waı	rants, op	otions, conve	tible s	securitie	s) ์				

Explanation of Responses:

Remarks:

/s/ Jesse Shefferman

Amount or Number

of Shares

02/10/2022

** 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.

Date Exercisable Expiration Date