FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

| | tion 1(b). | | | Filed | | | | | | | ies Exchang mpany Act o | | 1934 | | | nours | s per re | esponse: | 0.5 |
|---|---|---------|---------|---|---|--|--------|-----|--|-------------------------------------|----------------------------|-------------------------------|---|----------|---|--|---|----------------------------|------------|
| 1. Name and Address of Reporting Person* <u>BESHAR LUKE M</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Protara Therapeutics, Inc. [TARA] | | | | | | | | | Check a | | olicable) | | Person(s) to Issuer 10% Owner | | |
| (Last) (First) (Middle) C/O PROTARA THERAPEUTICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2022 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| 345 PARK AVENUE SOUTH, 3RD FLOOR | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 0010 | | | | | | | | | | | | | filed by Mo | | porting Pers an One Rep | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or Be | nefic | ially C |)wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exe ay/Year) if an | | a. Deemed recution Date, any onth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | and So | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) o (D) | Price | rico Tra | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 06/30/ | | | | | /2022 | | | | P | | 10,000 | A | \$3 | 3.1 19 | | 198,000 | | D | |
| | | Tal | | | | | | | | | osed of, convertib | | | | vned | i | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Date, Tr. or Exercise (Month/Day/Year) if any | | Transa | saction (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Date Expiration Exercisable Date | | | of Title Shares | | | | | | | | | | |

Explanation of Responses:

/s/ Jesse Shefferman, Attorney-in-fact

07/05/2022

** 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.