FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## •

|     | OMB APPR             | OVAL      |
|-----|----------------------|-----------|
|     | OMB Number:          | 3235-0287 |
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|     | hours per response:  | 0.5       |
| - 1 |                      |           |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

Aguilar-Cordova Estuardo

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

|  | ee Instruction 1 |                      |   |                                   |  |   |         |   |                      |  |                    |  |   |   |   |                            |   |                                     |   |  |
|--|------------------|----------------------|---|-----------------------------------|--|---|---------|---|----------------------|--|--------------------|--|---|---|---|----------------------------|---|-------------------------------------|---|--|
| 1. Name and Address of Reporting Person* <u>Aguilar-Cordova Estuardo</u>   |                  |                      |   |                                   | 2. Issuer Name and Ticker or Trading Symbol Candel Therapeutics, Inc. [ CADL ] |   |         |   |                      |  |                    |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director |   |   |                            |   |                                     |   |  |
| (Last) (First) (Middle) 160 PAULSON RD.  |                  |                      |   |                                   |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/26/2024 |         |   |                      |  |                    |  |   |   | Officer (give title Other (specify below) below)                  |                            |   |                                     |   |  |
| (Street) WABAN   | I M.             | <b>A</b> 0           | )2468                                     |                                   | 4. If  | Am  | endmen  | t, Date                                 | of Origi             | inal Fil   | ed (Month/Da       | ay/Year)   | )   | Line  | e)<br>Form  | filed by filed by I        | ·<br>One Re <sub>l</sub>                              | ng (Check<br>porting Pe<br>an One R |   |  |
| (City)   | (St              | ate) (2              | Zip)                                      |                                   |  |   |         |   |                      |  |                    |  |   |   |   |                            |   |                                     |   |  |
|  |                  | Table                | I - No                                    | on-Deriva                         | ative  | Se  | curitie | s Ac                                    | quire                | d, Di  | sposed of          | , or E   | Benef   | icia  | lly Own   | ed                         |   |                                     |   |  |
| 1. Title of Security (Instr. 3)  |                  |                      | 2. Transaction<br>Date<br>(Month/Day/Year |                                   | Execution Date,  |   | Date,   | 3.<br>Transaction<br>Code (Instr.<br>8) |                      |  |                    | and Securitie<br>Benefici                          |   | es<br>ally<br>following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | Direct<br>ndirect<br>r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |                                     |   |  |
|  |                  |                      |   |                                   |  |   |         |   | Code                 | v  | Amount             | (A) or<br>(D)                                      | Price   | •   | Transaction (Instr. 3 a   |                            |   |                                     |   |  |
| CADL   |                  |                      |   | 12/26/20                          | 024  |   |         |   | D                    |  | 50,000             | D  | \$9.  | .01   | 223,:   | 512                        | I   | )                                   |   |  |
| CADL   |                  |                      |   | 12/26/20                          | 024  |   |         |   | D                    |  | 50,000             | D  | \$9.  | .01   | 181,4   | 443                        |   | ] ]                                 | By LKA<br>2022<br>Revocable<br>Trust <sup>(1)</sup>                   |  |
| CADL   |                  |                      |   | 12/27/20                          | 024  |   |         |   | D                    |  | 50,000             | D  | \$8.  | .85   | 173,:   | 512                        | I   | )                                   |   |  |
| CADL   |                  |                      |   | 12/27/20                          | 024  |   |         |   | D                    |  | 50,000             | D  | \$8.  | .85   | 131,4   | 443                        |   | ] 1                                 | By LKA<br>2022<br>Revocable<br>Trust <sup>(1)</sup>                   |  |
| CADL   |                  |                      |   |                                   |  |   |         |   |                      |  |                    |  |   |   | 2,074   | ,942                       |   | ]                                   | By<br>Estuardo<br>Aguilar-<br>Cordova<br>2020<br>Irrevocable<br>Trust |  |
| CADL   |                  |                      |   |                                   |  |   |         |   |                      |  |                    |  |   |   | 2,013   | ,100                       |   | I                                   | Laura K.<br>Aguilar<br>2020<br>Irrevocable<br>Trust <sup>(2)</sup>    |  |
| CADL   |                  |                      |   |                                   |  |   |         |   |                      |  |                    |  | $\top$  |   | 91,33   | 35(3)                      | I   | )                                   |   |  |
|  |                  | Та                   | ble II                                    |                                   |  |   |         |   |                      |  | posed of,          |  |   |   |   | d                          |   |                                     |   |  |
| 1. Title of Derivative Security  1. Title of Conversion or Exercise Price of Derivative Security  1. Title of Conversion or Exercise Price of Derivative Security  2. Transaction Date Execution Date, if any (Month/Day/Year) |                  | eemed<br>ition Date, | 4.<br>Trans                               | 4.<br>Transaction<br>Code (Instr. |  | 5. Number   |         | -                                       | rcisable and<br>Date | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                    | 8. Price o<br>Derivative<br>Security<br>(Instr. 5) |   | 9. Numb<br>derivativ<br>Securiti<br>Benefici<br>Owned<br>Followir<br>Reporte<br>Transac<br>(Instr. 4) | ve jes jes jes jes jes jes jes jes jes je                         |                            | Beneficia<br>Ownersh<br>ct (Instr. 4)                 |                                     |   |  |
|  |                  |                      |   |                                   | Code   | v   | (A)     | (D)                                     | Date<br>Exerc        | cisable  | Expiration<br>Date | Title  | Amou<br>or<br>Numb<br>of<br>Share   | er  |   |                            |   |                                     |   |  |
| 1. Name ar   | nd Address of    | Reporting Person*    |   |                                   |  |   |         |   |                      |  |                    |  |   |   |   |                            |   |                                     |   |  |

| (Last)      | (First)                               | (Middle) |  |  |  |  |  |  |  |  |
|-------------|---------------------------------------|----------|--|--|--|--|--|--|--|--|
| 160 PAULSON | PAULSON RD.                           |          |  |  |  |  |  |  |  |  |
| (Street)    |                                       |          |  |  |  |  |  |  |  |  |
| WABAN       | MA                                    | 02468    |  |  |  |  |  |  |  |  |
| (City)      | (State)                               | (Zip)    |  |  |  |  |  |  |  |  |
| 1           | Name and Address of Reporting Person* |          |  |  |  |  |  |  |  |  |
| Aguilar Lau | <u>ra K.</u>                          |          |  |  |  |  |  |  |  |  |
| (Last)      | (First)                               | (Middle) |  |  |  |  |  |  |  |  |
| 160 PAULSON | I RD.                                 |          |  |  |  |  |  |  |  |  |
| (Street)    |                                       |          |  |  |  |  |  |  |  |  |
| WABAN       | MA                                    | 02468    |  |  |  |  |  |  |  |  |
| (City)      | (State)                               | (Zip)    |  |  |  |  |  |  |  |  |

## Explanation of Responses:

- 1. Shares of common stock held by spouse LKA 2022 Revocable trust
- 2. Shares of common stock held by spouse irrevocable trust
- 3. Shares of common stock held jointly with spouse

 Estuardo Aguilar-Cordova
 12/30/2024

 Laura K. Aguilar
 12/30/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.