FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington | D.C. | 20549 |
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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-0362 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| l . | | | | | | | | | |

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| \Box | Form 3 Holdings Reported. |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| _ | |
|---|------------------------------|
| X | Form 4 Transactions Reported |

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

| Form 4 | Transactions | Reported. | | or Section | on 30(h) | of the | Ínvestm | nent C | ompany Ac | t of 1940 | | | | | | | | |
|---|---|--|---|---|---|--|-----------------|--|--|---|--|--|---|--|----------------------------|--|------------|-------|
| Name and Address of Reporting Person* Nguyen Diem | | | | | 2. Issuer Name and Ticker or Trading Symbol Candel Therapeutics, Inc. [CADL] | | | | | | (Che | elationship (eck all applic | , | | | | | |
| | NDEL THE | RAPEUTICS, I | (Middle) | | Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021 | | | | | | | | Officer (give title Other (spec below) below) | | | | | ecify |
| 117 KENDRICK ST., SUITE 450 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/14/2022 | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| | NEEDHAM MA 02494 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | ng |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Sed | curitie | s Ac | quirec | d, Di | sposed | of, or E | 3enefi | ciall | y Owned | | | | | |
| Date (Month/Day/Year) | | | Execution I | | | 4. Securities Acquired (A) or Dispose of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned at end o | | y | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | (montainbay | 4 | Amoui | | (A) or Price | | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| | | 1 | Table II - Deriva (e.g., | ative Secu puts, calls | | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Derivat Securit Acquir (A) or Dispos of (D) (| Expiration Date (Month/Day/Year) Scurities Lquired | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 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) | | |
| | | | | | (A) | (D) | Date Exercis | sable | Expiration Date | Amor or Numi of Title Share | | nber | | | | | | |
| Stock Option (Right to | \$8 | 07/26/2021 | | 4A | 28,480 | | (1) | | 07/26/2031 | Commo | | 480 | \$0.00 | 28,4 | 28,480 | | | |

Explanation of Responses:

1. This option shall vest and become exercisable in thirty-six equal monthly installments following July 26, 2021, subject to the Reporting Person's continued service on each such vesting date.

Domarke

This Form 5/A is being filed to correct the number of shares underlying options reported in Table II, Columns 5, 7 and 9.

/s/ John Canepa, Attorney-in-

Fact

** Signature of Reporting Person Date

02/14/2022

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.