SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-0287

0.5

(Instr. 4)

	Check this box if no longer subject	STATEMEN	OMB Number: 32 Estimated average burder			
	obligations may continue. See Instruction 1(b).	Filed		hours per response:		
	4 Norma and Address of Demotion Demo	*	2 Issuer Name and Ticker or Trading Symbol	5 Relationship of F	Reporting Person(s) to	Iss

1. Name and Address of Reporting Person <sup>*</sup> Nichols William Garrett				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Candel Therapeutics, Inc.</u> [ CADL ]						tionship of Reportir all applicable) Director	10% (	Dwner	
(Last) C/O CANDEL	(First) THERAPEUTIC	(Middle) S, INC.		3. Date of Earliest Transaction (Month/Day/Year) 07/11/2024						Officer (give title Other below) below) Chief Medical Officer		(specify )	
117 KENDRICK ST., SUITE 450				4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)										Form filed by One	e Reporting Per	son	
NEEDHAM	MA	02494								Form filed by Mo Person	re than One Re	porting	
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication									
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Year) If any	eemed ution Date, / th/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities A Disposed Of (I 5)		and	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

						Code	v	Amount	(A) or (D) P	Price		ction(s) 3 and 4)		
Common Stock			07/11/2	07/11/2024		S		9,769(1)	D \$	\$5.9734	12	5,357	D	
1 Title of	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)   1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 11. Nature											11. Nature		
1. Litle of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Expira (Month	tion D	ate	7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4)	Der Sec (Ins	rice of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)

of (D) (Instr. 3, 4

and 5)

(A) (D)

Explanation of Responses:

1. The sales reported on this Form 4 represent shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting and settlement of restricted stock units pursuant to the Issuer's mandatory sell to cover policy, which requires sales in an amount sufficient to cover tax withholding obligations associated with the vesting events, and the sales do not represent discretionary sales by the Reporting Person.

Date

Exercisable

Expiration Date

/s/ Charles Schoch, as Attorney-in-Fact for William 07/15/2024 Garrett Nichols Date

\*\* Signature of Reporting Person

Amount or Number

Shares

of

Title

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).

Code v

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.