SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	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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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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hours per response:	0.5						

	atisfy the affirmative itions of Rule 10b5- ruction 10.					
1. Name and Add Schoch Cha	dress of Reporting arles	Person*	2. Issuer Name and Ticker or Trading Symbol <u>Candel Therapeutics</u> , Inc. [CADL]		ationship of Reporting F k all applicable) Director Officer (give title	10% Owner Other (specify
	(First) L THERAPEUT CK ST., SUITE		3. Date of Earliest Transaction (Month/Day/Year) 01/08/2025		below) See Rem	below) arks
(Street) NEEDHAM (City)	MA (State)	02494 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	ividual or Joint/Group Fi Form filed by One Ro Form filed by More th Person	eporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

	1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (4. Securities Disposed Of 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150. 4)
Γ	Common Stock	01/08/2025		S		9,971 ⁽¹⁾	D	\$8.2182	52,549	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puis, cais, warants, options, convertible securities)																						
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)		nsaction de (Instr. Securitie: Acquired (A) or Disposed of (D)		Transaction Code (Instr. 8) Acquir (A) or Dispos of (D) (Instr.		Transaction of Code (Instr. 8) 8) 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 7 8 8 7 8 8 8 8		Transaction Code (Instr. 8)		of Expiration Date // Derivative (Month/Day/Year) S eccurities (A) or Disposed of (D) Instr. 3, 4		Expiration Date		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Amount of Securities Underlying 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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares												

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.

Remarks:

Interim Chief Financial Officer

/s/ Charles Schoch

01/10/2025

** 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.