FORM 4

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

Washington,	hington, D.C. 20549

Washington, D.C. 20549	OMB APPROVA			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

OMB Number:	3235-028
Estimated average but	urden
hours per response:	0.

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Tyagarajan Seshu				2. Issuer Name and Ticker or Trading Symbol Candel Therapeutics, Inc. [ CADL ]								(CI	5. Relationship of Reportin (Check all applicable) Director Officer (give title			10% Ov	vner		
		st) (I RAPEUTICS, I C., SUITE 450	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025							Officer (give title below)  Chief Technology Officer  Other (specify below)				peony			
(Street) NEEDHAM MA 02494  (City) (State) (Zip)												Lin	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person  Person						
		Table	l - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or l	Ben	eficia	ally Owr	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Da		ate,	Transaction Disp		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			d Secur Benef	icially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or	Price	Trans	action(s) 3 and 4)			(54. 4)	
Common Stock 01/15/20				2025		S		14,322(1)	D \$		\$7.2	25 96,790			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  2. Conversion Date Execution Date (Month/Day/Year)  Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed : 3, 4	6. Date Expira (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		J nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	of	nber					

## **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.

/s/ Charles Schoch, as

Attorney-in-Fact for Seshu

<u>Tyagarajan</u>

\*\* Signature of Reporting Person Date

01/17/2025

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.