FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person*  Nguyen Diem  (Month/Day/Year)  07/26/2021			3. Issuer Name and Ticker or Trading Symbol <u>Candel Therapeutics</u> , <u>Inc.</u> [ CADL ]					
(Last) (First) (Middle) C/O CANDEL THERAPEUTICS, INC. 117 KENDRICK ST., SUITE 450  (Street) NEEDHAM MA 02494	-		4. Relationship of Reportin Issuer (Check all applicable)  X Director  Officer (give title below)	10% C	) )wner (specify	A Person	vint/Group Filing e Line) by One Reporting by More than One	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)		Underlying Derivative Security Conversion (Instr. 4)		4. Conversion Exerci	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
					Trice of	Direct (D) or Indirect	5)	

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ Diem Nguyen

07/26/2021

\*\* 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 5 (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.