FORM 4

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

Washington, D.C. 20549

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Machinaton	D C 20540

OMB APPROVAL									
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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 10b5-

## 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

1(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Nichols William Garrett				2. Issuer Name <b>and</b> Ticker or Trading Symbol Candel Therapeutics, Inc. [ CADL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (speci					vner		
(Last) (First) (Middle) C/O CANDEL THERAPEUTICS, INC. 117 KENDRICK ST., SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 01/08/2025									Officer (give title Other (specify below)  Chief Medical Officer						
(Street) NEEDH. (City)	HAM MA 02494  (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne)  Form filed by One Reporting Person  Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date			Transaction Disposed (			s Acquired (A) of (D) (Instr. 3, 4		and 5) Securi		cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o	r Pr	ice	Transa	esaction(s) tr. 3 and 4)			(IIISU. 4)
Common Stock 01/08/20					025				S		10,799(1)	D	\$	8.2183	83 89,748			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year)   Execution Date,			tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rities ired r osed ) : 3, 4	Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	. Price of lerivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Num of Share						

## **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 William 01/10/2025 **Garrett Nichols**

\*\* 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.