SEC Form 5											
FORM 5	UNITED STA	TES SECU	RITIES A Washington,		ANG	E COM	MISSION				
Check this box if no longer subject to				OMB APPROVAL							
Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNUAL STATEMENT OF CHANGES IN BENEF OWNERSHIP						IAL	Esti	OMB Number: 3235-036 Estimated average burden		
Form 3 Holdings Reported.					hou	rs per response:	1.0				
Form 4 Transactions Reported. 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 Perso	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Sherblom James	CMRA]	Comera Life Sciences Holdings, Inc. [,	104	% Owner		
(Last) (First)			Officer (g below)	ive title		ner (specify low)					
C/O COMERA LIFE SCIENCES	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022					,			,		
12 GILL STREET, SUITE 4650	12/51/2022										
	4. If Amendmen		6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) WOBURN MA	01801			X Form filed by One Reporting Person							
	01801	Form filed by More than One Repo								Reporting	
(City) (State)	(Zip)										
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			sed 5. Amount of Securities Beneficially Owned at end		6. Ownership Form: Direct of (D) or	7. Nature of Indirect Beneficial Ownership	
			<i>o,</i>	Amount	(A) or (D)	Price	Issuer's Fisc Year (Instr. 3 4)	al		(Instr. 4)	

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

 3. Transaction on Date
 3A. Deemed Execution Date, (Menth/Dau/Year)
 4. Transaction Date
 5. Number of Transaction Derivative Derivative Derivative
 6. Date Exercisable and Expiration Date
 7. Title and Amount of Derivative Securities
 8. Price of Derivative Securities
 9. Number of derivative Securities
 10. Code (heath 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)	4. Transaction Code (Instr. 8)	of Expiration Date Derivative (Month/Day/Year) Securities Acquired		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of 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)		
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$0.59	05/19/2022		4A	36,241		(1)	06/08/2031	Common Stock	36,241	(2)	36,241	D	

Explanation of Responses:

1. The shares underlying the option vest in 41 equal monthly installments beginning on June 8, 2021.

2. This option was issued pursuant to the terms of a business combination agreement involving the issuer and Comera Life Sciences, Inc. in exchange for a comparable option previously issued by such company.

/s/ Ryan M. Rourke Reed,	
Attorney-in-Fact	

02/14/2023

** 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.