FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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)

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* FLOWERS KIRSTEN					2. Issuer Name and Ticker or Trading Symbol Comera Life Sciences Holdings, Inc. [CMRA						RA (Che	elationship o ck all applic Director	,		n(s) to Issu		
(Last)	,	rst) E SCIENCES H	(Middle)	. INC.		B. Date of Earliest Transaction (Month/Day/Year) 08/31/2023					Officer below)	r (give title)		Other (specify below)			
12 GILL STREET, SUITE 4650				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	,					
(Street) WOBUR	ıN M	Α	01801									_	orm filed by One Reporting Person orm filed by More than One Reporting erson				
(City)	(St	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication								a assist .			
				Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction													
		Tal	ole I - Non	ı-Deriv	vativ	e Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Code (Instr. 5)					es Formally (D) (Following (I) (II)		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	on(s)			nstr. 4)	
									uired, Dis , options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exe (Month/Day/Year) if a	Execution Date, If any		Code (Instr. B)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	y G	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					
Stock Option (Right to Purchase)	\$0.6995	08/31/2023 ⁽¹⁾			A		67,172		08/31/2023 ⁽²⁾	08/10/2033	Common Stock	67,172	\$0 ⁽³⁾	67,172		D	

Explanation of Responses:

- 1. The option grant was approved by the registrant's board of directors on August 10, 2023, subject to stockholder approval of an amendment to the Comera Life Sciences Holdings, Inc. 2022 Equity and Incentive Plan (the "Plan") under which the option was granted. The registrant's stockholders approved the Plan amendment on August 31, 2023.
- $2. \ The \ options \ became \ fully \ vested \ on \ the \ date \ the \ Plan \ amendment \ was \ approved \ by \ the \ registrant's \ stockholders.$
- 3. In furtherance of the registrant's cash conservation efforts, the options were granted in lieu of the annual cash retainer and committee fees due to non-employee directors for the quarter ended June 30, 2023, in accordance with the registrant's February 2023 temporary modification to its non-employee director compensation plan. This option was issued to the reporting person in lieu of retainer fees of \$14,375. For more information related to the registrant's non-employee director compensation plan and the February 2023 temporary modification, see the registrant's Annual Report on Form 10-K for the year ended December 31, 2022.

/s/ Ryan M. Rourke Reed, 09/01/2023 Attorney-in-Fact

** 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.