FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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).

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

Name and Address of Reporting Person* Sherblom James					Co	2. Issuer Name and Ticker or Trading Symbol Comera Life Sciences Holdings, Inc. [CMRA]									all applic Directo	r		10% Ow	ner
(Last)	Last) (First) (Middle) C/O COMERA LIFE SCIENCES HOLDINGS, INC.				05/	3. Date of Earliest Transaction (Month/Day/Year) 05/12/2023									Officer (give title below)			Other (s below)	oecify
12 GILL STREET, SUITE 4650					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)					
(Street) WOBURN MA 01801												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				1_	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										1 10			
		Tab	le I - Nor	n-Deriv	vative	Se	curitie	s Ac	quired, D	isp	osed o	f, or Be	neficia	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Transaction Disposed Of (Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficial Owned F	s Form ally (D) o ollowing (I) (II		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	mount (A) or (D)		•	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
		٦							uired, Dis , options						wned				
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity 1str. 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)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares						
Stock Option (Right to Purchase)	\$0.69	05/12/2023			A		30,906		05/12/2023 ⁽¹⁾	05	5/12/2033	Common Stock	30,90	6	\$0 ⁽²⁾	30,906		D	

Explanation of Responses:

- 1. Granted pursuant to the Comera Life Sciences Holdings, Inc. 2022 Equity and Incentive Plan. The options were fully vested on the date of grant.
- 2. 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 March 31, 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 \$11,250. 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

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

05/16/2023

** 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.