FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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|------------------------|-----------|
| Estimated average burd | len |
| hours per response: | 0.5 |

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

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

| affirmative defense 10b5-1(c). See Ins | e conditions of Rule struction 10. | | | | | | |
|--|---------------------------------------|----------|---|-----------|--|-----------------------|--|
| 1. Name and Address of Reporting Person * Friedberg Ezra M | | | 2. Issuer Name and Ticker or Trading Symbol Chromocell Therapeutics Corp [CHRO] | | ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024 | | Officer (give title below) | Other (specify below) | |
| C/O CHROMOCELL THERAPEUTICS CORPORATION 4400 ROUTE 9 SOUTH, SUITE 1000 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/21/2024 | 6. Indivi | fividual or Joint/Group Filing (Check Applicable Line Form filed by One Reporting Person Form filed by More than One Reporting Perso | | |
| (Street) FREEHOLD | NJ | 07728 | | | | | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|--------------------------|---|---|---------------|----------------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock ⁽¹⁾ | 02/21/2024 | | P (1) | | 16,667(1) | A | \$6 (1) | 545,721(1) | 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) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Derivative | | 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 | Ownership Form: Direct (D) | Beneficial Ownership (Instr. 4) | | |
|--|---|--|---|--------------------------|--|------------|---|-------------------------------------|-----|--|--------------------|---|--|----------------------------------|---------------------------------------|--|--|
| | | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. This Form 4/A is being filed to include the purchase of 16,667 shares of the Issuer's common stock (the "Common Stock") in the Issuer's initial public offering, in addition to the securities originally reported on the Form 4 filed by the reporting person on February 21, 2024.

/s/ Ezra Friedberg

03/12/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).