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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1 | Check this box if no longer subject to |
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| L | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations |
| 1 | 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 conditions of Rule 10b5-1(c). See Instruction 10. | | | | | |
|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person [*] Davis Todd C | 2. Issuer Name and Ticker or Trading Symbol <u>Chromocell Therapeutics Corp</u> [CHRO] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2024 | - X Director 10% Owner Officer (give title Other (specify below) below) | | | |
| C/O CHROMOCELL THERAPEUTICS CORPORATION 4400 ROUTE 9 SOUTH, SUITE 1000 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (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) | Date (Month/Day/Year) | Execution Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | (Instr. 4) | Beneficial Ownership |
|--|---|--------------------------|-----------------|---|---|--|---------------|--|------------------------------------|-------------------------|
| | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | |

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

1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 11. Nature 2. 4. 9. Number of 10. Derivative Derivative Date Execution Date Transaction Expiration Date Securities Underlying Derivative derivative of Indirect Conversion Ownership Security (Instr. 5) Security (Instr. or Exercise (Month/Day/Year) if anv Code (Instr. Securities (Month/Dav/Year) Derivative Security (Instr. Securities Form. Beneficial 3) Price of (Month/Day/Year) 8) Acquired (A) o 3 and 4) Beneficially Direct (D) Ownership Derivative Disposed of Owned or Indirect (I) (Instr. 4) (Instr. 4) Following Security (D) (Instr. 3, 4 and 5) Reported Transaction(s) Amount (Instr. 4) Number Date Expiration Code v (A) (D) Exercisable Date Title of Shares Restricted Stock Commor \$0.64 11/13/2024 49,605 (1) 11/13/2024 49,605 (1) 263,306 D A Units Stock

Explanation of Responses:

1. On November 13, 2024, the Reporting Person was granted restricted stock units to purchase 49,605 shares of common stock at an exercise price of \$0.64 per share, which shall vest on a quarterly basis over a period of six (6) quarters.

<u>(s/ Francis Knuettel II, under</u> <u>Power of Attorney dated August 1, 11/15/2024</u> <u>2023, from Todd C. Davis</u> ** 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.

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