FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e: 0.5									

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* OLSON BRYAN					2. Issuer Name and Ticker or Trading Symbol Columbia Care Inc. [CCHW]									k all app Direc	olicable)		Person(s) to Issuer 10% Owner Other (specify			
(Last) C/O COL		3. Date of Earliest Transaction (Month/Day/Year) 10/18/2022									below	below) Chief People and Admin Officer			·					
(Street) NEW YO (City)	ORK N	Y 1	0019 Zip)		4. If A	Line) X Form										Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n			on	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enef	icially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed O			s Acqui of (D) (In	red (A) str. 3,	or 4 and	nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) o	r Pr	ice	Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)						
Common Shares 10/18/20					2022	022			Α		23,078	A		\$ <mark>0</mark>	42	120,776		D		
Common Shares 10/18/2					022				F		7,966	D	\$	1.39(1)	39 ⁽¹⁾ 412,81		D			
Common Shares													1,000			1 1	Held in IRA			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Evaluation					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

/s/ David Sirolly as attorneyin-fact for Bryan Olson

10/20/2022

** Signature of Reporting Person

n 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.

^{1.} Converted from the Canadian withholding price of C\$1.80 using an exchange rate of C\$1.2982 = US\$1.00.

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