FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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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

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

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* CHANNON JESSE						2. Issuer Name and Ticker or Trading Symbol Columbia Care Inc. [CCHW]									ck all app Direc	onship of Reporting Per ill applicable) Director Officer (give title below) Chief Growth (10% Ov	wner
(Last)	st) (First) (Middle) D COLUMBIA CARE INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023											Other (s below) Officer	specify
680 FIFTH AVENUE, 24TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicab					
(Street) NEW YO	DRK NY 10019														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (.	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See											uction or writt	en pla	an that is inter	nded to
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	quired	, Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exectif any	eemed ution Date, th/Day/Year)					s Acquired (A) If (D) (Instr. 3, 4			5. Amo Securi Benefi Owned Report	ties cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or F	Price	Transa	action(s) 3 and 4)			(111511.4)
Common Shares 04/11/2						.023					176,967	A	\ <u> </u>	(1)	66	666,130		D	
Common Shares 04/11/2						2023					73,834	Г		\$0.52 ⁽³	59	92,296		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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if a			emed tion Date, n/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da /Day/\		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		nstr.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercis	Date Expiration o		of							

Explanation of Responses:

- 1. Represents performance share units ("PSU") granted to the reporting person on March 31, 2020. Each PSU represents a contingent right to receive one share of the Issuer's common stock. Settlement of the PSUs occurred on April 11, 2023, following the Compensation Committee's determination as to vesting of the grant.
- 2. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting of PSUs reported in Table I.
- 3. Converted from the Canadian withholding price of \$0.70 using an exchange rate of C\$1.3478 = US\$1.00.

/s/ David Sirolly as attorneyin-fact for Jesse Channon

04/13/2023

** 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.