Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C. 20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
to Section 16. Form 4 or Form 5	
obligations may continue. See	

**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*     SIROLLY DAVID						2. Issuer Name and Ticker or Trading Symbol Columbia Care Inc. [ CCHW ]									k all app Direc	tionship of Reporti all applicable) Director Officer (give title		on(s) to Is  10% O	wner
(Last) (First) (Middle) C/O COLUMBIA CARE INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/18/2022									below) "		below) General Counsel		`
680 FIFTH AVENUE, 24TH FLOOR  (Street)  NEW YORK NY 10019					4. If A	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					
(City)	(\$	State) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exec if any	Deemed ution Date, / th/Day/Year)		3. 4. Securitie Disposed Code (Instr. 8)		es Acquired (A Of (D) (Instr. 3,		or 4 and	Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pri	ce	Transa	nsaction(s) tr. 3 and 4)			(11150.4)
Common Shares 10/18/2					2022				F		6,667	D	\$1	.39(1)	11,419			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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of	r osed ) 1. 3, 4	Expiration Da		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Sei (In:	Price of rivative curity str. 5)			0. Iwnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

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

/s/ David Sirolly 10/24/2022

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.