FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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).

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* CLARKE JEFF | | | | | 2. Issuer Name and Ticker or Trading Symbol Columbia Care Inc. [CCHW] | | | | | | | | (Che | ck all applic Directo | able) r | g Pers | on(s) to Iss | vner | | | |
|---|--|--|--|-------|--|---|--|--------|--|--|----------|---------------|--|---|---|---|---|--|---------------------------------------|---------|--|
| (Last) | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2023 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 680 FIFTH AVENUE, 24TH FLOOR | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YO | ORK N | Y | 10019 | | | | | | | | | | Line | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | - 1 | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | | Execution Date, | | Co | Transaction Disposed Of (D) (Instr. 3, 4 | | | | 5. Amou Securitie Beneficia Owned F Reported | s Form ally (D) o ollowing (I) (Ir | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Co | de V | | Amount | nt (A) or (D) | | Price | Transact | nsaction(s) str. 3 and 4) | | | (111511.4) | | |
| Common Shares 03/08/ | | | | | 8/202 | //2023 | | N | M | | 16,612 A | | (1) | 530,822 | | | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, | | ransaction ode (Instr. | | of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | of Securities | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | Date Exerc | isable | Ex Da | opiration | Title | or Nu of | ımber | | | | | | |
| Restricted Stock Units ("RSUs) | (1) | 03/08/2023 | | | M | | | 16,612 | (| 1) | | (1) | Commor Shares | 16 | 5,612 | \$0 | 0 | | D | | |

Explanation of Responses:

1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock. The RSUs were granted on March 31, 2022, and fully vested on the date of the Issuer's annual shareholder meeting. Settlement of the vested RSUs occurred on March 8, 2023.

/s/ David Sirolly as attorney-in-

fact for Jeff Clarke

** 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.