FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	,	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023									X Officer (give title below) Chief People and Admin Officer						
680 FIFTH AVENUE, 24TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW Y	ORK N	Y 1	0019											X Form filed by One Reporting Person Form filed by More than One Reportin Person						
(City)	(S	tate) (Ž	Zip)		Rul	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	Benefi	cially	Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution			ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	Pric	:e	Transa	ction(s) 3 and 4)			(111501.4)		
Common Shares				04/11/2023				A		176,967	A		(1)	603,887			D			
Common	Shares			04/11/2	2023				F ⁽²⁾		65,382	D	\$0	.52(3)	52 ⁽³⁾ 538,505 D			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)																			
1. Title of Derivative Security (Instr. 3)	privative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		of	r osed (1. 3, 4	6. Date Expirat (Month	tion D	rear) Secur Under Deriva		int of ities rlying ative ity (Instr	Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Numbe of Shares	r						

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 Canadian price of C\$0.70 using an exchange rate of C\$1.3478 = US\$1.00.

/s/ David Sirolly as attorney-04/13/2023 in-fact for Bryan Olson

** 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.