# Check this box if no

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 ar														
	rint or Type Responses)  Name and Address of Reporting Person * Chang David J.		2. Issuer Name and Ticker or Trading Symbol Cabaletta Bio, Inc. [CABA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CABALETTA BIO, INC., 2929 ARCH STREET, SUITE 600			3. Date of Earliest Transaction (Month/Day/Year) 10/24/2019					X	X Officer (give title below) Other (specify below)  Chief Medical Officer					
(Street) PHILADELPHIA, PA 19104			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_:	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquire					es Acquired,	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Title of Security nstr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if eny (Month/Day/Year)  3. Tran Code (Instr. 8)		. 8)	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D)	of (D) Owned Follow		( )		Ownership Form: Be Direct (D)	Nature Findirect eneficial wnership nstr. 4)		
Reminder:	Report on a s	separate fine for each	relass of securities		iy owned	an com	Perso in this	ns who respon form are not r	equired to	respond	unless the		ed SEC 14	74 (9-02)
Reminder:	Report on a s	separate fine for each	r class or securities t		iy owned		Perso	ns who respon					ed SEC 14	74 (9-02)
Title of Derivative Security	2. Conversion or Exercise	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivativ (e.g., put: 4. Transact: Code	ve Securi s, calls, w 5. Nu ion of De Securi	ies Acc arrants mber rivative ities	Persoin this displa	ns who respon form are not r ys a currently cosed of, or Bene onvertible secur ercisable and Date	equired to valid OMB eficially Own ities)  7. Title and of Underly Securities	respond control r ned I Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities	f 10. Ownership Form of	11. Natur of Indired Beneficia
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Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivativ (e.g., put: 4. Transact: Code	ye Securi s, calls, w 5. Nu ion of De Secur Acqu or Di of (D (Instr	ies Accarrants mber rivative ities ired (A.sposed ) 3, 4,	Persoin this displa  quired, Displa  6. Date Exerpiration (Month/D)  Date Exercisable	ns who respon form are not re ys a currently woosed of, or Bene convertible secur ercisable and Date ay/Year)	equired to valid OMB eficially Own ities)  7. Title and of Underly Securities	respond control r ned I Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Chang David J. C/O CABALETTA BIO, INC. 2929 ARCH STREET, SUITE 600 PHILADELPHIA, PA 19104			Chief Medical Officer			

# **Signatures**

/s/ Anup Marda, Attorney-in-Fact	10/28/2019
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- 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).
- (1) This option vests over four years, with 25% vesting on October 24, 2020, and the remaining shares vesting in 12 equal quarterly installments thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.