FORM 4

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

OMB APPE	ROVAL
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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 OF SECURITIES

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 * Nichtberger Steven			2. Issuer Name and Ticker or Trading Symbol Cabaletta Bio, Inc. [CABA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title below) President & CEO						
(Last) (First) (Middle) C/O CABALETTA BIO, INC., 2929 ARCH STREET, SUITE 600			3. Date of Earliest Transaction (Month/Day/Year) 10/24/2019)		
(Street) PHILADELPHIA, PA 19104			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquired,				red, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Dee Executi any (Month	on Date	if Co		(A	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)					Ownership o Form:	. Nature f Indirect Beneficial Ownership
				(IIIIIII			Code	VA	mount (A) or (D)		or (I)		or Indirect (Instr. 4)		
Reminder:	Report on a	separate mie ici eac							· · · · · · · · · · · · · · · · · · ·						
Reminder:	Report on a s							in this for displays	s who respon orm are not a s a currently sed of, or Ben avertible secur	equired valid ON	to respond IB control r	unless the		ed SEC 14	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	4. Transac Code	tion of Second or of	Number Deriva curities quired Dispos (D) str. 3, 4	r 6 tive E (A) ed	in this f displays ired, Dispo options, con	orm are not to a currently sed of, or Ben avertible securicisable and Date	equired valid OM eficially Crities)	to respond IB control r Owned and Amount rlying es	unless the number.		f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	4. Transac Code	ts, calls, tion of Second According and	Number Derivative Surities quired Dispose (D) str. 3, 4	ints, o r 6 Etive (1 (A) ed 4,	in this f displays ired, Dispo options, con 5. Date Exer Expiration I	sed of, or Bennvertible securicisable and Date //Year)	required valid ON eficially Crities) 7. Title a of Under Securities	to respond IB control r Owned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Nichtberger Steven C/O CABALETTA BIO, INC. 2929 ARCH STREET, SUITE 600 PHILADELPHIA, PA 19104	X		President & CEO			

Signatures

By: /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.