FORM 4

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

| OMB APPROVAL |
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OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

| | pe Response | 3) | | | | | | | | | | | | | |
|--|---|------------------------|---|---|-------------------|--|---------------------------------|--|--|--|--|---------------------------------|---|---|--|
| 1. Name and Address of Reporting Person * Marda Anup | | | 2. Issuer Name and Ticker or Trading Symbol Cabaletta Bio, Inc. [CABA] | | | | 5. F | 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) 03/01/2021 | | | | | X | X Officer (give title below) Other (specify below) Chief Financial Officer | | | | | | |
| (Street) PHILADELPHIA, PA 19104 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ | 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) (Zip) | | | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | es Acquired | nired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year | r) any | tion I | Date, if C | | (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B | A) or Disposed of Instr. 3, 4 and 5) (A) or (A) or (B) or (C) or (C) or (D) | of (D) Own Train | mount of Sened Followin nsaction(s) tr. 3 and 4) | | C F D o: (I | wnership orm: irect (D) Indirect | . Nature f Indirect Beneficial Ownership Instr. 4) |
| Reminder: | Report on a | separate fine for each | i class of securities (| CHCHCIai | ily ow | viied direc | try or i | Person | s who respon | | | | | | 474 (9-02) |
| Reminder: | Report on a s | separate fine for each | | - Deriva | itive S | Securities | Acqu | Persons in this fa currentired, Dispo | form are not rently valid OME | equired to 3 control n | respond u umber. | | | | 474 (9-02) |
| 1. Title of | | 3. Transaction | Table II 3A. Deemed Execution Date, if | - Deriva (e.g., p) 4. Transact Code | ative S uts, c | Securities | Acquerants, or of (A) | Persons in this f a current a current ired, Dispo | orm are not rently valid OME osed of, or Bene nvertible secur reisable and Date | equired to 3 control n | respond u umber. ned Amount | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Ownershi Form of Derivativ Security: Direct (D or Indirect) | 11. Natur p of Indire Beneficia Ownersh (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II 3A. Deemed Execution Date, if any | - Deriva (e.g., p) 4. Transact Code | ative S uts, c | Securities alls, warr 5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3, 4 | Acquerants, or of (A) (A) ed of | Persons in this f a current tired, Disposoptions, co. 6. Date Exe Expiration 1 | orm are not rently valid OME osed of, or Bene nvertible secur recisable and Date y/Year) Expiration | ficially Own ficially Own ficially Own ficially Own 7. Title and of Underly Securities | respond u umber. ned Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownershi Form of Derivative Security: Direct (D or Indirec | 11. Natur p of Indire Beneficia Ownersh (Instr. 4) |

| | Relationships | | | | |
|--|---------------|--------------|-------------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Marda Anup C/O CABALETTA BIO, INC. 2929 ARCH STREET, SUITE 600 PHILADELPHIA, PA 19104 | | | Chief Financial Officer | | |

Signatures

| /s/ Anup Marda | 03/02/2021 |
|---------------------------------|------------|
| **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 March 1, 2022, 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 no | ot required to respond unless the form displays a currently valid OMB number. |
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