FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
h	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

Name and Address of Reporting Person* GOLDBERG PHILIP						2. Issuer Name and Ticker or Trading Symbol Columbia Care Inc. [CCHW]										ck all applic	able)	Pers	on(s) to Iss		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/03/2023										Officer below)	cer (give title bw)		Other (s below)	specify	
C/O COLUMBIA CARE INC.						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
680 FIFTH AVENUE, 24TH FLOOR															Line)	e) X Form filed by One Reporting Person					
					-											Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)	eet) EW YORK NY 10019													Person							
INEW IC	EW TORK INT 10019					Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					_ ' '	Truite 1000-1(c) Transaction indication															
(Oity)	(City) (State) (Zip)				ΙП	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.														i to	
South are distribute defends conditions of Nation											or reale re	000-1(c). C	1113	ili uction	10.						
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies Ac	quire	d, Di	spo	osed o	f, or Be	enefi	icially	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			Code (Instr. 5)					4 and Securiti Benefic Owned		es ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Cod	e V	Α	Amount	(A) o	P	rice	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)	
Common Shares 05/03/						/2023			M			16,196	6 A		(1)	7,814,769			D		
Common Shares 05/03/					3/202	3/2023					T	6,251	1 D \$0		0.49(2)	7,808,518			D		
		-	Table II -	Deriva	ativo	Sec	uritic	s Aca	uired	Die	nos	end of	or Ben	ofic	ially (Owned					
												,	ole sec		•	Ownea					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d Date,	4. Transa Code (8)	ction	5. Number of		6. Date	6. Date Exercisab Expiration Date (Month/Day/Year)		ble and 7. Title and of Securitie		nd Am ities ng	ount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Ownership	Beneficial Ownership oct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Exp Dat	piration te	Title	or	ount mber ares						
Restricted Stock Units	\$0	05/03/2023			М			16,196	(3			(3)	Common		,196	(1)	48,589)	D		

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.
- 2. Converted from Canadian exercise price of \$0.67 using an exchange rate of C\$1.3612 = US\$1.00.
- 3. 64,785 RSUs were granted on March 31, 2022 and vest as follows: 1/4 annually beginning March 31, 2023, with settlement of vested RSUs to occur as soon as practicable following the vesting date.

/s/ David Sirolly as attorney-infact for Philip Goldberg 05/05/2023

** 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.