## FORM 4

## **UNITED STA**

Washington, D.C. 20549

SIAIES	SECURI	HES	AND	EXCHANGE	COMMISSION

OMB APPROVAL

l	OMB Number: Estimated average burd	3235-0287
l	Estimated average burd	en
ı	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

IIISII UC	uon ro.																	
Name and Address of Reporting Person*     Schoen Eric					2. Issuer Name and Ticker or Trading Symbol  CASSAVA SCIENCES INC [ SAVA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 6801 N CAPITAL OF TEXAS HWY, BLDG 1 SUITE 300				0	3. Date of Earliest Transaction (Month/Day/Year) 09/06/2024								Officer (give title Other (specify below) below)  Chief Financial Officer					
(Street) AUSTIN TX 78731 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
		Та	ble I - Non-De	erivati	ve Se	ecurities	s Ac	quire	d, Di	isposed o	of, or Be	eneficia	ally	Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				е	action 2A. Deemed Execution Date if any (Month/Day/Year)		e, Transaction Disposed C Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amoun Securities Beneficia Owned Fo	Forn	Form (D) or	n: Direct     or Indirect     nstr. 4)   (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									ie V	Amount	(A) or (D) Pi		е	Transaction (Instr. 3 a	ion(s)			
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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		es I (A) sed str.	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shar	,		Transaction(s) (Instr. 4)			
Stock Option (Right to Buy)	\$26.91	09/06/2024		A		100,000		(1	)	09/06/2034	Common Stock	100,0	00	\$0	100,00	00	D	

## **Explanation of Responses:**

1. The stock option vests over 2 years, with 50% cliff vesting 1-year after grant date and the remaining 50% cliff vesting 2-years after grant date.

/s/ Eric J. Schoen

09/09/2024

\*\* 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.