FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington,	D.C.	20549	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person*  Kupiec James William  (Last) (First) (Middle)  6801 N CAPITAL OF TEXAS HWY, BLDG 1  SUITE 300  (Street)  AUSTIN TX 78731					3. Da 11/2	2. Issuer Name and Ticker or Trading Symbol CASSAVA SCIENCES INC [ SAVA ]  3. Date of Earliest Transaction (Month/Day/Year) 11/29/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify below)  Chief Medical Officer  6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(Sta	ate) (Z	Zip)												Perso		ie iliali O	nie Nepi	Jillig
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (In					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct 4)	7. Nature of Indirect Beneficial Ownership					
								v	Amount	(A) (D)	or F	Price	Report Transa (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 11/29/2				2024			S		4,000	I	)	\$3.87	0		D				
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)	vative conversion or Exercise Price of Derivative Security  Date (Month/Day/Year) if any (Month/Day/Year)  (Month/Day/Year) 7 Cc (Month/Day/Year)    Truck		Transa	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date  Date Expiration Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		Se (Ir	Price of privative scurity sstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

**Explanation of Responses:** 

/s/ Eric J. Schoen by Power of 12/03/2024

<u>Attorney</u>

\*\* 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.