SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-

Estimated average burden hours per response: 0.5

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 A Cook Rot	ddress of Repo	2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol CASSAVA SCIENCES INC [SAVA] 10/28/2022 CASSAVA SCIENCES INC [SAVA]								
(Last) 6801 N. CA BUILDING SUITE 300 (Street) AUSTIN (City)		(Middle) TEXAS HWY, 78731 (Zip)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below) SVP & General	10% C Other below)	wner (specify (C	ed (Month/Day Individual or Jo heck Applicable X Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1	Beneficially Owned (Instr. Form 4) (D) or		3. Owne Form: I (D) or II (I) (Inst	Direct Own	Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)	5)	

Remarks:

No securities are beneficially owned.

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<u>/s/ Eric J. Schoen by</u>
Power of Attorney
** Signature of Reporting Person

10/31/2022

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 5 (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.

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