FORM 5

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Washington, D.C. 2
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNUAL STATEMENT OF CHA

/ashington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL						
OMB Number: 3235-0362							
Estimated average burden							
hours per response	: 1.0						

1. Name and Address of Reporting Person* FRIEDMANN NADAV			2. Issuer Name and Ticker or Trading Symbol CASSAVA SCIENCES INC [SAVA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
								X Director	109	% Owner				
(Last)	(First)	3. Statement for 12/31/2022	· Issuer's Fisca	al Year Ended (y/Year)	below)	Officer (give title Othe below) below Chief Medical Officer							
C/O CASSAVA SCIENCES, INC. 6801 N. CAP OF TX HWY; BLDG. 1 SUITE 300				12/31/2022					Cinci wedical Office					
(Street) AUSTIN	TX	78731	If Amendment, Date of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(State)	(Zip)					Person	Person						
		Table I - Non-Deriv	1	•				,	1	1				
1. Title of Securi		Table I - Non-Deriv 2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities A Of (D) (Instr. 3	Acquired (A		5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature o Indirect Beneficial				
1. Title of Securi		2. Transaction Date	2A. Deemed Execution Date,	3. Transaction	4. Securities A	Acquired (A		5. Amount of Securities	Ownership	Indirect				
1. Title of Securi	ity (Instr. 3)	2. Transaction Date	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities A Of (D) (Instr. 3	Acquired (A, 4 and 5)	A) or Dispose	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership				
	ity (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)	4. Securities A Of (D) (Instr. 3	(A) or	A) or Dispose	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership				

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) or Dispo of (D) (Instr	Derivative (Month/Day/Year) Securities Acquired A) or Disposed		Deriv	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	ect ial hip	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Bona Fide Gift

/s/ Eric J. Schoen - Chief Financial Officer

01/03/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).