FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-036								
Estimated average burden								
hours per response.	1.0							

Form 3 Holdings Reported.

Form 4 Transactions Reported.

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*			2. Issuer Name and Ticker or Trading Symbol CASSAVA SCIENCES INC [SAVA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
FRIEDMANN NADAV			CASSAVA SCIENCES INC [SAVA]						3	X Director			10%	Owner				
(Last)	(Fii	rst) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)							ay/Year)	3	Office below	er (give titl v)	е	Oth belo	er (specify w)	
C/O CASSAVA SCIENCES, INC.			12/31/202	12/31/2021						Chief Medical Officer								
7801 N. CAPITAL OF TEXAS HWY.; SUITE 260																		
			4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable										
(Street)					, , , , , , , , , , , , , , , , , , ,						´	Line)						
AUSTIN	ТУ ТУ	K 7	78731								>	X Form filed by One Reporting Person						
												Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)															
		Table	I - Non-Deriva	ative Secu	ritie	s Acc	quire	d, Dis	posed	of, o	r Benef	icial	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any		Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)				Securities Beneficially		es ally	Ownership In Form: Direct Be		. Nature of ndirect eneficial			
			(Month/Day/Year		ar) 8)		Amour		(A) or (D)			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)				Ownership (Instr. 4)		
Common	mmon Stock 03/24/2021 G			1,2	200	D	\$0 ⁽¹	.)	67,089		D							
Common	Stock											143 I		By Trust				
		Ta	ble II - Derivat										/ Owne	d				
			(e.g., pı	ıts, calls, v	warr	ants,	opti	ions, d	convert	ible	securiti	es)						
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 Deri Secu Acq (A) o Disp of (E	of Expiration Date Amour Derivative (Month/Day/Year) Securit Securit Underl Acquired Deriva				Fitle and nount of curities derlying rivative curity (Inst. and 4)	Derivative Security (Instr. 5)		derivative Securities Beneficially Owned		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)		
				(A) (D) Exerc		cisable	Expiratio Date		Amoui or Numbe of Shares	er								

Explanation of Responses:

1. Bona Fide Gift

/s/ Eric J. Schoen by Power of Attorney

<u>02/03/2022</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.