FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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* BOGER JOSHUA S				<u>Ce</u>	2. Issuer Name and Ticker or Trading Symbol CervoMed Inc. [ CRVO ]							(Ch	Relationship eck all appl Direct	icable)	g Pers	son(s) to Iss		
(Last)	(Fi	rst) (	Middle)			Date of Earliest Transaction (Month/Day/Year) 5/14/2024							Office below	r (give title )		Other (s below)	pecify	
C/O CERVOMED INC. 20 PARK PLAZA, SUITE 424					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable ne)  Form filed by One Reporting Person				
(Street) BOSTON	BOSTON MA 02116												Form filed by More than One Reporting Person					
(City)	(St	ate) (	(Zip)  Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In							ant to a con		on or written	plan th	nat is intende	d to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Code (In	Transaction Disposed Of (D) (Code (Instr. 5)				Benefic	es ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code				v	Amount	(A) o (D)	r Price	Transac	Transaction(s) (Instr. 3 and 4)			msu. 4)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (In:				6. Date Exercis Expiration Date (Month/Day/Yes			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$19.01	06/14/2024			A		5,750		(1)	06	/14/2034	Common Stock	5,750	\$0	5,750		D	

## **Explanation of Responses:**

1. On June 14, 2024, in connection with the Reporting Person's election to the Issuer's board of directors at its 2024 Annual Meeting of Stockholders, the Reporting Person was granted an option to purchase 5,750 shares of the Issuer's common stock under the Issuer's 2015 Equity Incentive Plan, as amended, in accordance with the terms of the Issuer's non-employee director compensation policy. The shares of common stock underlying the award will vest on a monthly basis over a one-year period in substantially equal 1/12th increments on the last day of each month beginning on June 30, 2024, subject to the Reporting Person's continued service through the applicable vesting date.

/s/ William R. Elder, attorneyin-fact for the Reporting

Person

\*\* Signature of Reporting Person Date

06/14/2024

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

- $^{\star}$  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).

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.