Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
- 1	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 Address of Reporting Person* ALAM JOHN J				2. Issuer Name and Ticker or Trading Symbol CervoMed Inc. [CRVO]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last)	(Fi X PLAZA, S	*	(Middle)	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023							Officer (give title below) CEO & President				
(Street) BOSTON MA 02116			4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instr							e Instructio	n 10.		plan tha	at is intended	to						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	2A. Deemed Execution Date,		3. 4. Securities Ac Transaction Disposed Of (D) Code (Instr. 5)		ties Acquire	ed (A) or	5. Amou Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V		Amount	(A) or (D)	FIICE	Reporte Transac (Instr. 3	tion(s)		((Instr. 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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		ransaction of			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				c	Code	v	(A)	(D)	Date Exercisable		piration tte	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$5.33	09/15/2023			A		35,500		(1)	09	/15/2033	Common Stock	35,500	\$0	35,50)	D	
Stock Option (Right to Buy) ⁽²⁾	\$5.33	09/15/2023			A		6,450		(1)	09,	/15/2033	Common Stock	6,450	\$0	6,450		I	By Spouse

Explanation of Responses:

- 1. The shares of common stock underlying the award will vest in 36 equal (or as near equal as possible) monthly installments on the last calendar day of each month over a 36-month period commencing September 30, 2023.
- 2. Consists of an option to purchase shares of common stock granted to Sylvie Gregoire, Pharm.D., the Reporting Person's spouse and the Chair of the Board of the Issuer. The Reporting Person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

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

09/15/2023

** 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.