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 b	ourden									
hours ner resnonse.	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* Hollingsworth Jane H					<u>Ce</u>	2. Issuer Name and Ticker or Trading Symbol CervoMed Inc. [ CRVO ]							(Ch	eck all appli  Directo	r 10% O		vner	
(Last)	` ` ` ` ` ` ` \ \ \ \ \ \ \ \ \ \ \ \ \				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024								Officer below)	Officer (give title relow)		Other (s below)	specify	
20 PARK PLAZA, SUITE 424					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	-/					
(Street) BOSTO	N M	A	02116												filed by Mo		orting Person One Repor	
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - Nor	n-Deriv	vative	Sec	curitie	s Ac	quired, E	Disp	osed c	of, or Be	neficial	ly Owned	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5)			Benefici	ies Fo cially (D) Following (I)		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Executi Security or Exercise (Month/Day/Year) if any			3A. Deeme Execution if any (Month/Da	Date, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration	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.