UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of The Securities Exchange Act of 1934

November 16, 2026
Date of Report (Date of earliest event reported)

CervoMed Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-37942**	**30-0645032**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**
20 Park Plaza, Suite 424 Boston, Massachusetts		**02116**
(Address of principal executive offices)		**(Zip Code)**

Registrant's telephone number, including area code: (617) 744-4400

Not applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, $0.001 par value	CRVO	NASDAQ Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

Press Release

On November 16, 2026, CervoMed Inc. (the "Company") issued a press release announcing the presentation of 24-week interim biomarker data from its ongoing Phase 2a clinical trial of neflamapimod in patients with nonfluent variant primary progressive aphasia at the 19th Clinical Trials on Alzheimer's Disease Conference. A copy of the press release is attached hereto as Exhibit 99.1 and incorporated by reference herein.

The information in this Item 7.01 is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference into any registration statement or other filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 8.01 Other Events

The information set forth in the first paragraph and the information under the heading "24-Week Biomarker Data from the Phase 2a nfvPPA Study" of the Company's press release referred to in Item 7.01 above is incorporated by reference into this Item 8.01 of this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

The following exhibit relating to Item 7.01 is furnished and not filed:

Exhibit No.	Description
99.1	Press Release, issued November 16, 2026.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: November 16, 2026

CervoMed Inc.

By: /s/ William Elder
Name: William Elder
Title: Chief Financial Officer & General Counsel

Exhibit 99.1

CervoMed Presents Interim Data at CTAD 2026 Showing Neflamapimod Reduces Neurodegeneration Biomarker in Nonfluent Variant Primary Progressive Aphasia

24-Week interim data shows neflamapimod delivered an exposure-dependent reduction in neurofilament light chain, a key biomarker of neuronal damage

Full 24-week biomarker and clinical data expected in the first quarter of 2027

Nonfluent variant primary progressive aphasia is a rare progressive neurodegenerative brain condition with no approved disease modifying treatments

BOSTON, November 16, 2026 — CervoMed Inc. (NASDAQ: CRVO) (CervoMed or the Company) today presented 24-week biomarker data from participants enrolled in the United States (U.S.) cohort of its Phase 2a clinical trial of neflamapimod, an oral p38α inhibitor, in nonfluent variant primary progressive aphasia (nfvPPA), a major subtype of frontotemporal dementia (FTD). Study participants who were in the upper third of plasma drug levels of neflamapimod showed a reduction in plasma neurofilament light chain (NfL), a key biomarker of neuronal damage that increases over time in patients with nfvPPA. The findings were presented at the 19th Clinical Trials on Alzheimer's Disease (CTAD) Conference in Boston.

“Patients with nfvPPA progressively lose the ability to speak and, often in later stages of disease, develop movement and coordination issues. Today we have no approved therapies to offer them,” said Ian M. Grant, M.D., Assistant Professor of Neurology, Feinberg School of Medicine, Northwestern University and Phase 2a trial investigator. “NfL levels are one of the most reliable biomarkers we have of ongoing neurodegeneration in these patients, and it typically increases over time. Thus, overall stability in NfL levels and a reduction among participants with higher neflamapimod exposure provide early but meaningful signals of drug activity. These results add to the evidence that supports the potential of neflamapimod in the treatment of DLB, nfvPPA, and other neurodegenerative diseases.”

Interim 24-Week Biomarker Data from the Phase 2a nfvPPA Study
The presentation included plasma NfL results for the 19 patients enrolled in the U.S., who received open-label treatment with 40 mg three times daily (TID) neflamapimod. 24-week biomarker data from the higher dose 80 mg twice daily (BID) cohort (N=6), enrolled in the United Kingdon (U.K.), will be available in the first quarter of 2027. Current results:

- In the overall U.S. patient population (n=19) NfL levels remained stable over 24 weeks.

- In a PK/PD analysis (n=18; trough plasma drug concentration, Ctrough, data not available in one participant), participants with neflamapimod Ctrough plasma levels in the upper tertile (n=6; Ctrough ≥4.5 ng/ml) showed a median 4.5 pg/mL reduction in NfL over 24 weeks. Participants with plasma drug concentrations in the lower two tertiles (n=12; Ctrough ≤3.5 ng/ml) showed a median increase in NfL of 4.35 pg/mL. This increase in NfL levels is consistent with the natural-history rate of approximately 9 pg/mL per year in untreated nfvPPA patients (Sheth et al., *Molecular Neurodegeneration*, 2025).

- Neflamapimod was generally well tolerated, with no new safety signals identified.

"We're encouraged by the 24-week neflamapimod biomarker data in nfvPPA, which provide an early biological signal and a path forward for the development of neflamapimod in nfvPPA." said John Alam, M.D., Chief Executive Officer of CervoMed. "NfL rises rapidly over time in patients with nfvPPA, yet NfL levels remained stable overall, and participants who reached higher neflamapimod plasma levels showed a decline in NfL over 24 weeks. Importantly, the results are consistent with prior studies in dementia with Lewy bodies and Alzheimer's disease that demonstrated a trough plasma drug concentration threshold for clinical and biomarker effect of approximately 4 ng/ml. We expect to report biomarker data from the 80 mg BID dose UK cohort and clinical results at the AD/PD conference in March 2027."

The Phase 2a clinical trial of neflamapimod for the treatment of nfvPPA was designed to evaluate the safety, pharmacokinetics, and clinical effects of neflamapimod in participants with nfvPPA. The 36-week trial enrolled 25 participants and is being conducted at academic medical centers in the U.S. and U.K. The study includes 24 weeks of open-label treatment with neflamapimod 40 mg TID (n=19, enrolled in the US) or 80 mg BID (n=6, enrolled in the UK), followed by a 12-week double-blind, placebo-controlled randomized withdrawal period in which participants are assigned 1:1 to continue neflamapimod at the originally assigned dose or switch to placebo (ClinicalTrials.gov identifier: NCT07033481).

Neflamapimod Presentation at CTAD
Title: P045 - Initial neurodegeneration biomarker results from a Phase 2a clinical trial of neflamapimod in patients with nonfluent variant primary progressive aphasia

Authors: Ian M Grant[1], Hugo Botha[2], Lawerance S Honig[3], Douglas W Scharre[4], Amanda Gardner[5], Kelly Blackburn[5], Bradley F Boeve[2], John J Alam[5], David J Irwin[6]

Affiliations: 1Northwestern University, Chicago, United States, 2Mayo Clinic, Rochester, United States, 3Columbia University, New York, United States, 4Ohio State University, Columbus, United States, 5CervoMed, Boston, United States, 6University of Pennsylvania, Philadelphia, United States

The presentation of the results described above is accessible in the Events and Presentations section of CervoMed's website, https://www.cervomed.com/.

About nfvPPA
nfvPPA, a type of frontotemporal dementia, gradually causes people with the condition to have trouble expressing themselves, although they still understand the meaning of words. Initially, they might use shorter phrases or pause while speaking and have difficulty pronouncing words. It can also be challenging for them to understand long or complex sentences. In advanced nfvPPA, people may stop speaking completely, and difficulty with planning and judgment, as well as moving, can occur.

There are an estimated 10,000-15,000 people living with nfvPPA in the U.S. and 15,000-20,000 in the European Union (E.U.). Currently, there are no approved treatments for nfvPPA in the U.S. or E.U.

About Neflamapimod
Neflamapimod is an investigational, orally administered small-molecule drug that readily crosses the blood-brain barrier and selectively inhibits the alpha isoform of p38 MAP kinase, a key driver of neuroinflammation and synaptic dysfunction. Preclinical research links p38α to tau-related neuronal deficits, supporting the study of neflamapimod in tau-driven forms of frontotemporal dementia such as nfvPPA.

By targeting the critical disease processes underlying degenerative disorders of the brain, neflamapimod has the potential to reverse synaptic dysfunction, improve neuron health, and slow or prevent disease progression. Neflamapimod is currently in clinical development for the treatment of dementia with Lewy bodies (DLB), recovery after ischemic stroke, nfvPPA, and amyotrophic lateral sclerosis (ALS).

Neflamapimod has received Fast Track Designation from the U.S. Food and Drug Administration (FDA) for the treatment of DLB, and Orphan Drug Designation for the treatment of frontotemporal dementia, including its nfvPPA subtype.

CervoMed has developed a new 50 mg oral tablet form of the product that will allow dosing of neflamapimod at 100 mg BID, a dosage expected to yield in nearly all patients plasma concentrations at or above the observed pharmacological activity threshold. This tablet and dosing will be used in all future studies.

About CervoMed
CervoMed is a clinical-stage company developing treatments for age-related brain disorders. Its lead drug candidate, neflamapimod, is an oral small molecule targeting critical disease processes underlying degenerative disorders of the brain by inhibiting a key enzyme involved in neuroinflammation and neurodegeneration. CervoMed's recently completed Phase 2b RewinD-LB trial evaluated neflamapimod in patients with DLB, enriched for those without Alzheimer's disease (AD) co-pathology. In November 2025, CervoMed announced alignment with the FDA on a potential registration path for neflamapimod in DLB, and the Company is currently focused on identifying a strategic partner to advance neflamapimod into a Phase 3 trial in DLB. CervoMed reported initial 12-week biomarker data from its ongoing Phase 2a clinical trial in nfvPPA in October 2026 and 24-week biomarker data in November 2026. The Company also expects to dose the first patient in the EXPERTS-ALS Phase 2a clinical trial in the first quarter of 2027.

Forward-Looking Statements

This press release includes express and implied forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, regarding the intentions, plans, beliefs, expectations, or forecasts for the future of the Company, including, but not limited to: the Company's need to acquire sufficient funding, including funding (through a strategic partnership or otherwise) for any future trial in patients with DLB, and its ability to continue as a going concern; the Company's plan to focus on strategic partnering to advance neflamapimod into Phase 3 for DLB and the timing of entering into any such partnership, if at all; the therapeutic potential of neflamapimod in DLB, nfvPPA, ALS, or any other indication, including the degree of sustainability of any therapeutic effects, its potential impact on the rate of disease progression and/or clinical worsening, the optimal dosing regimen to achieve therapeutic effects, or any other treatment effects observed in any clinical trial on any clinical, biomarker, or other outcome measure; the expected plasma drug concentrations to be achieved with the Company's 50 mg tablet formulation and its planned use in future studies; the anticipated timing and achievement of clinical and development milestones, including the Company's initiation of any Phase 3 trial in patients with DLB or the impact, if any, of the Innovation Passport Designation on any future regulatory milestone or the timing thereof; the anticipated data readouts from the Company's Phase 2a trial in nfvPPA including the expected timing of biomarker data from the 80 mg BID cohort and clinical results, and the anticipated dosing of the first patient with neflamapimod in the EXPERTS-ALS trial; and any other expected or implied benefits, results, or expectations, including the extent (if any) to which neflamapimod may demonstrate efficacy or other clinical or biomarker improvements in patients with DLB, nfvPPA or in any other indication. Terms such as "believes," "estimates," "anticipates," "expects," "plans," "aims," "seeks," "intends," "may," "could," "might," "will," "should," "approximately," "potential," "target," "project," "contemplate," "predict," "forecast," "continue," or other words that convey uncertainty of future events or outcomes (including the negative of these terms) may identify these forward-looking statements. Although there is believed to be reasonable basis for each forward-looking statement contained herein, forward-looking statements by their nature involve risks and uncertainties, known and unknown, many of which are beyond the Company's control and, as a result, actual results could differ materially from those expressed or implied in any forward-looking statement. Particular risks and uncertainties include, among other things, those related to: the Company's available cash resources, the availability of additional funds on acceptable terms or at all, and the Company's ability to continue as a going concern; the results of the Company's clinical trials, including the risk that interim data may change as more data becomes available and may not be predictive of future results; the Company's ability to successfully enter into a partnership to advance neflamapimod into Phase 3 for DLB in a timely manner, on acceptable terms, or at all; the timing of enrollment, dosing, and data readouts in the Company's clinical trials; the likelihood and timing of any regulatory approval of neflamapimod or the nature of any feedback the Company may receive from the FDA or other regulators; the Company's ability to maintain the intellectual property protection afforded by the Company's patent portfolio; the ability to implement business plans, forecasts, and other expectations in the future; general economic, political, business, industry, and market conditions, inflationary pressures, and geopolitical conflicts; and the other factors discussed under the heading "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2025 filed with the US Securities and Exchange Commission (SEC) on March 13, 2026, and the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2026, filed with the SEC on November 6, 2026, and other filings that the Company may file from time to time with the SEC. Any forward-looking statements in this press release speak only as of the date hereof (or such earlier date as may be identified). The Company does not undertake any obligation to update such forward-looking statements to reflect events or circumstances after the date of this press release, except to the extent required by law.

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