SEC Form 4															
FORM 4		UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			Filed pursuar	ENT OF CHANGES IN BENEFICIAL OWNE led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							Estimated average burden		3235-0287 irden 0.5		
1. Name and Address of Reporting Person [*] Gregoire Sylvie (Last) (First) (Middle)				2. Issuer Name and Ticker or Trading Symbol CervoMed Inc. [CRVO] 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023						ationship of Rep < all applicable) Director Officer (give below)		X 10%	Owner er (specify		
20 PARK PLAZA, SUITE 424 (Street) BOSTON MA 02116			4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	□ Ch	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.											
	-	Table I - Nor	n-Derivative S	ecurities Acqu	uired,	Disp	oosed of, o	r Bene	eficially	Owned					
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Ins		r. 5)		3, 4 and	5. Amount of Securities Beneficially Owned Followi Reported Transaction(s)	ing	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)					

	(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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$5.33	09/15/2023		A		6,450		(1)	09/15/2033	Common Stock	6,450	\$0	6,450	D	
Stock Option (Right to Buy) ⁽²⁾	\$5.33	09/15/2023		A		35,500		(1)	09/15/2033	Common Stock	35,500	\$0	35,500	I	By Spouse

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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 John Alam, M.D., the Reporting Person's spouse and the Chief Executive Officer 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.

 \ast 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.