FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	DC 2	0549			

OIVIB API	ROVAL
OMB Number:	3235-0287
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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 5	ee Instruction	10.																	
Name and Address of Reporting Person* van Es-Johansson An				2. Issuer Name and Ticker or Trading Symbol Savara Inc [SVRA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
van Es-Jonansson An													✓ Dire	ctor		10% Ov	vner		
(Last) ONE SU	(Fi MMIT SQ	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024							Offi belo	cer (give title w)		Other (s below)	specify			
1717 LANGHORNE NEWTOWN ROAD, SUITE																			
300			4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)									
(Street)															√ For	n filed by On	e Rep	orting Perso	on
l ` ′	ORNE PA	. 1	9047												For Per	n filed by Mo son	re tha	ın One Repo	orting
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				nd Secu Bene Owne	ficially d Following	Forn (D) c	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount		A) or D)	Price		rted action(s) .3 and 4)			(Instr. 4)	
Common	Stock			12/12/2	2024 12/12/2024		024	Α		40,000 ⁽¹⁾ A		\$(62,500			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion or Exercise Price of Derivative Security				Transaction of Code (Instr. Derivative		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price or Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nui of	ount mber ares					

Explanation of Responses:

1. Represents restricted stock units ("RSUs") that vest in full on December 12, 2025, subject to the reporting person's continued service with the Issuer. Each RSU represents a contingent right to receive one share of the Issuer's common stock. The reporting person has elected to defer receipt of the shares of common stock underlying the RSUs upon vesting. In accordance with the reporting person's deferral election, the vested shares will be delivered to the reporting person following the reporting person's termination of service with the Issuer.

> /s/ David Lowrance as attorney-in-fact for An van Es- 12/16/2024 **Johansson**

** 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.