SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

hours per response:

1. Name and Address of Reporting Person* McCracken Joseph S			2. Issuer Name and Ticker or Trading Symbol Savara Inc [SVRA]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
MCCIacke	<u>n josepn s</u>			1	Director	10% Owner			
(Last) ONE SUMM	(First) (Middle) SUMMIT SQUARE, LANGHORNE NEWTOWN ROAD, SU	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024		Officer (give title below)	Other (specify below)			
1717 LANG 300	HORNE NEWT	OWN ROAD, SUITE	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	/idual or Joint/Group Fili	ing (Check Applicable			
(Street)		WTOWN ROAD, SUITE 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable Line) 5. Form filed by One Reporting Person							
LANGHOR	NE PA	19047			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							

Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)							Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	12/12/2024	12/12/2024	A		40,000(1)	Α	\$ <mark>0</mark>	250,837	D	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (saction of			nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4			of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date (Month/Day/Year) es d		d 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)	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares									

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 Joseph S. <u>12/16/2024</u> <u>McCracken</u>

** 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.