FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
)	obligations may continue. See
	Instruction 1(b).

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

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Name and Address of Reporting Person* Behbahani Ali					2. Issuer Name and Ticker or Trading Symbol Savara Inc [SVRA]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2023										er (give title v)		Other (below)			
1954 GREENSPRING DRIVE SUITE 600					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) TIMONIUM MD 21093											Form filed by More than One Reporting Person										
(City) (State) (Zip)						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	e I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Bene	ficiall	y Owr	ned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			Date,	3. Transaction Code (Instr. 5)					3, 4 and Secur Bene Owne Follor		cially I ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A)	or l	Price	Reported Transaction(s) (Instr. 3 and 4)							
Common Stock 07/17/2						2023			p ⁽¹⁾ 33		333,333 A		A	\$3	24,471,264				See Note 2 ⁽²⁾		
		Та		Derivati (e.g., pu											Owne	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	Exercise (Month/Day/Year) if any (Month/Day/Year) erivative		4. Transaction Code (Instr. 8)		Secu Acqu (A) of Dispo	vative crities critied r osed) r. 3, 4	6. Date E Expiration (Month/E	on Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and Or Numb		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- $1. \ Reports \ the \ purchase \ of \ shares \ in \ the \ underwritten \ public \ of fering \ of \ common \ stock \ of \ the \ Issuer.$
- 2. The Reporting Person is a manager of NEA 17 GP, LLC, which is the sole general partner of NEA Partners 17, L.P. ("NEA Partners 17"). NEA Partners 17 is the sole general partner of New Enterprise Associates 17, L.P. ("NEA 17"). NEA 17 is the sole member of Growth Equity Opportunities 17, LLC ("GEO 17"), which is the direct beneficial owner of the securities. The Reporting Person disclaims beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities held by GEO 17 in which the Reporting Person has no pecuniary interest.

Remarks:

/s/ Louis Citron, attorney-in**fact**

07/19/2023

** 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.