FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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

1. Name and Address of Reporting Person* BASKETT FOREST						2. Issuer Name and Ticker or Trading Symbol Savara Inc [SVRA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2023									Office	er (give title v)	Other (below)	specify			
1954 GREENSPRING DRIVE SUITE 600						4. If Amendment, Date of Original Filed (Month/Day/Year)								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	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Bene	eficiall	y Owr	ned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed C						5. Amo Securi Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A (D) or)	Price	Reported Transaction(s) (Instr. 3 and 4)						
Common	2023				P ⁽¹⁾		333,333	3	A \$3		24,471,264				See Note 2 ⁽²⁾						
		Tak		Derivati (e.g., pu											Owne	ed					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			Transaction N Code (Instr. 8) D S A (A (A (Instr. P) D (I		Secu Acqu (A) of Dispo	rative rities iired r osed)	6. Date E Expiratio (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Der Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)			
				Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	of									

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-

07/19/2023

fact

** 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.