FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Lowrance David L						2. Issuer Name and Ticker or Trading Symbol Savara Inc [SVRA]									tionship of Reporting all applicable) Director Officer (give title		g Pers	10% Ov	vner
(Last) (First) (Middle) 900 S. CAPITAL OF TEXAS HIGHWAY, SUITE 150					01	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018									below) below) Chief Financial Officer				
(Street) AUSTIN TX 78746					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person											n		
(City)	(S	tate)	(Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/V			tion	n 2A. Deeme Execution		ed Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock				01/02/2018				М		31,894	A	\$1.5	51	33	33,994		D		
Common	on Stock			01/02/2018				F		3,239	D	\$15.	06	30	30,755		D		
Common	Stock			02/15/2	2018				S		4,936(1)	D	\$12.69	999(2)	25,819 D			D	
Common	Stock			02/15/2	2018				S		2,064(1)	D	\$13.29	959 ⁽³⁾	23,755 D				
		-	Table								posed of, , convertil				wned				
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)			6. Date Expira (Mont	ation D		and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Direc or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er					
Employee Stock Option (right to	\$1.51	01/02/2018			M			31,894	(4	4)	10/25/2026	Common Stock	ⁿ 31,89	94	\$0.00	95,684	4	D	

Explanation of Responses:

- 1. The sales reported on this Form 4 for February 15, 2018 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 29, 2017.
- 2. The price reported is a weighted average sale price. The sale prices ranged from \$12.31 to \$12.96.
- 3. The price reported is a weighted average sale price. The sale prices ranged from \$13.00 to \$13.71. The reporting person undertakes to provide Savara Inc., any security holder of Savara Inc., or the staff of the Securities and Exchange Commission, upon receipt of a request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- $4. \ The shares subject to the option vest and become exercisable in sixteen equal quarterly installments beginning on February 1, 2017.$

Remarks:

/s/ David L. Lowrance

02/16/2018

** 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.