| SEC For | rm 4 | | | | | | | | | | | | | | | | | | | |
|--|---|-------|---|----------|--|--|--|--|----------------------|--|----------------------|---|---------------|----------------------------------|--|--|--|--|---|--|
| | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | | | | | |
| to Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | AT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | Estin | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person* <u>Ricciardi Lisa</u> (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>COGNITION THERAPEUTICS INC</u> [CGTX] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | o of Reporti licable) tor er (give title v) | 10% Ow ive title Other (s below) | | wner | |
| C/O COGNITION THERAPEUTICS INC 2500 WESTCHESTER AVE. (Street) PURCHASE NY 10577 | | | | | 03/14/2024 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | CEO & President 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 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 | ative \$ | Secu | ritie | s Acc | quirec | d, Dis | posed o | of, d | or Ben | efici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/D | | | | | | cution y | Deemed ution Date, / th/Day/Year) | | saction e (Instr. | on Disposed | | es Acquired (A) o Of (D) (Instr. 3, 4 | | nd Securi Benefi | ties cially Following | Forr (D) c | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | • V | Amount | | (A) or (D) | Price | Transa | ction(s) 3 and 4) | | | (| |
| Common Stock 03/14/2 | | | | | | 2024 | | | Р | | 5,700 |) | Α | \$1. | .75 291,345 | | | D | | |
| | | Tal | | | | | | | | | osed of, converti | | | | lly Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month/Day/Year) | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Code (Instr. 8) | | umber ivative urities uired or oosed D) tr. 3, 4 5) (D) | Expira (Mont | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (In 3 and 4) Amo or Num | | of s lg instr. nount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) | |

Explanation of Responses:

/s/ Lisa Ricciardi

03/14/2024

** 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.