FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OVAL				
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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* Einhorn Andrew J.	3. Issuer Name and Ticker or Trading Symbol COGNITION THERAPEUTICS INC [CGTX]							
(Last) (First) (Middle) C/O COGNITION THERAPEUTICS, INC. 2500 WESTCHESTER AVE					wner -	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting		
(Street) PURCHASE NY 10577 (City) (State) (Zip)	-		Interim C	ro		Person	by More than One Person	
Table I - Non-Derivative Securities Beneficially Owned								
Ta	ble I - Non	-Derivativ	ve Securities Benefic	cially O	wned			
Ta 1. Title of Security (Instr. 4)	ıble I - Non	2	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Inst	ership 4 Direct C	. Nature of Indire Ownership (Instr.		
1. Title of Security (Instr. 4)	Table II - D	2 E 4	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Insti	ership 4 Direct C ndirect r. 5)			
1. Title of Security (Instr. 4)	Table II - D	Derivative S, warran	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute Securities	ership 4 Direct C ndirect r. 5)	5. on Ownership		

Explanation of Responses:

No securities are beneficially owned.

<u>Andrew J. Einhorn</u> <u>08/15/2022</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 5 (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.