FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|----|----------------|----|-------------------|------------------|
| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |

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

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* <u>Ricciardi Lisa</u> | | | | <u> </u> | 2. Issuer Name and Ticker or Trading Symbol COGNITION THERAPEUTICS INC CGTX | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) No Director 10% Owner | | | |
|--|--------|--|---|---|---|------------|-------|--|--------|-----------------------------|---|------------------------------------|--|--|---|--|
| (Last) | | iret) | (Middle) | [| JGIA | J | | | | | | 2 | Officer (| give title | Other (s | pecify |
| (Last) (First) (Middle) C/O COGNITION THERAPEUTICS, INC. 2500 WESTCHESTER AVE. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022 | | | | | | | | CEO & President | | | | |
| (Street) | ASE N | Y | 10577 | 4 | Line) X Form filed by | | | | | ed by One R ed by More t | t/Group Filing (Check Applicable by One Reporting Person by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | 1 010011 | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transacti Date Month/Day | Execution Date, | | Date, | Code (Instr. | | | 5. Amoun Securities Beneficia Owned Fo Reported | Form (D) o | orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | |
| | | | | | | | Code | v | Amount | Amount (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | | (11130.4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Derivative Conversion D | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | Code | action (Instr. | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | | | Date Exercisable | | epiration ate | | | | (Instr. 4) | | |
| Stock Option (right to buy) | \$1.98 | 06/10/2022 | | A | | 150,000 | | (1) | 06/ | 5/10/2032 | Common Stock | 150,000 | \$0 | 150,000 | D | |

Explanation of Responses:

1. The option vests 25% on June 10, 2023, with the remaining 75% vesting in 36 equal monthly installments, subject to the Reporting Person's continued service through the applicable vesting dates.

/s/ James M. O'Brien, Attorney-06/13/2022 in-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.